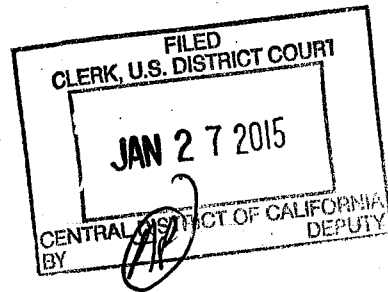


FULL NAME JAMES LYNCH  
 COMMITTED NAME (if different)

FULL ADDRESS INCLUDING NAME OF INSTITUTION  
CALIFORNIA MENS GOLDEN STATE PRISON  
PO BOX 8103 SAN LUIS OBISPO CA. 93409  
 PRISON NUMBER (if applicable)  
CDC # AK8066



UNITED STATES DISTRICT COURT  
 CENTRAL DISTRICT OF CALIFORNIA

JAMES LYNCH VS

CASE NUMBER  
CV 15 - 00606 - DOC (JCG)  
*To be supplied by the Clerk*

PLAINTIFF,

CHIEF MEDICAL OFFICER L. BARBER  
 CARILLO GUANG MEDICAL DOCTOR  
 DANIEL PARK - MEDICAL DOCTOR  
 DOUGLAS DUNCAN MEDICAL DOCTOR  
 JOHN DOE X10 AKA HEADQUARTERS

DEFENDANT(S).

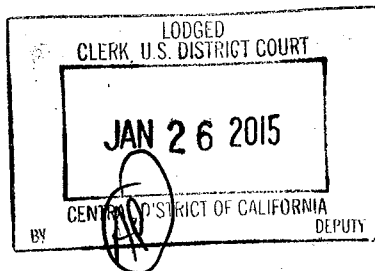
CIVIL RIGHTS COMPLAINT  
 PURSUANT TO (Check one)

- ☒ 42 U.S.C. § 1983  
☐ Bivens v. Six Unknown Agents 403 U.S. 388 (1971)

A. PREVIOUS LAWSUITS

1. Have you brought any other lawsuits in a federal court while a prisoner: ☐ Yes ☒ No  
 2. If your answer to "1." is yes, how many? \_\_\_\_\_

Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)



- a. Parties to this previous lawsuit:

Plaintiff \_\_\_\_\_

Defendants \_\_\_\_\_

- b. Court \_\_\_\_\_

- c. Docket or case number \_\_\_\_\_

- d. Name of judge to whom case was assigned \_\_\_\_\_

- e. Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it appealed? Is it still pending?) \_\_\_\_\_

- f. Issues raised: \_\_\_\_\_

- g. Approximate date of filing lawsuit: \_\_\_\_\_

- h. Approximate date of disposition \_\_\_\_\_

## B. EXHAUSTION OF ADMINISTRATIVE REMEDIES

1. Is there a grievance procedure available at the institution where the events relating to your current complaint occurred? ☒ Yes ☐ No

2. Have you filed a grievance concerning the facts relating to your current complaint? ☒ Yes ☐ No

If your answer is no, explain why not \_\_\_\_\_

3. Is the grievance procedure completed? ☒ Yes ☐ No

If your answer is no, explain why not \_\_\_\_\_

4. Please attach copies of papers related to the grievance procedure.

## C. JURISDICTION

This complaint alleges that the civil rights of plaintiff

<sup>CD#</sup>  
JAMES LYNCH AK 8066

(print plaintiff's name)

who presently resides at

CALIFORNIA MENS COLONY STATE PRISON P.O. Box 8103 SAN LUIS OBISPO, CA 93409

(mailing address or place of confinement)

were violated by the actions of the defendant(s) named below, which actions were directed against plaintiff at

CALIFORNIA MENS COLONY STATE PRISON SAN LUIS OBISPO CALIFORNIA

(institution/city where violation occurred)

CIVIL RIGHTS COMPLAINT

FROM: 4.10.2012

TO: 2.1.2013

on (date or dates)

(Claim I)

(Claim II)

(Claim III)

NOTE: You need not name more than one defendant or allege more than one claim. If you are naming more than five (5) defendants, make a copy of this page to provide the information for additional defendants.

① Defendant CAMUO GUANG MD resides or works at  
(full name of first defendant)  
CALIFORNIA MENS COLONY STATE PRISON SAN LUIS OBISPO CA.  
(full address of first defendant)  
MEDICAL DOCTOR FOR THE PRISONERS  
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:

AS AN EMPLOYEE OF THE STATE, MEDICAL DOCTOR IN CALIFORNIA  
MENS COLONY STATE PRISON

② Defendant CHIEF MEDICAL OFFICER C. BARBER resides or works at  
(full name of first defendant)  
CALIFORNIA MENS COLONY STATE PRISON SAN LUIS OBISPO, CA.  
(full address of first defendant)  
CHIEF MEDICAL OFFICER  
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:

AS AN EMPLOYEE OF THE STATE, CHIEF PHYSICIAN — THE OVERSEER  
OF MEDICAL DOCTORS AT CALIFORNIA MENS COLONY STATE PRISON

③ Defendant DANIEL PARK MD resides or works at  
(full name of first defendant)  
CALIFORNIA MENS COLONY STATE PRISON SAN LUIS OBISPO, CA.  
(full address of first defendant)  
MEDICAL DOCTOR FOR THE PRISONERS  
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:

AS AN EMPLOYEE OF THE STATE MEDICAL DOCTOR AT CALIFORNIA  
MENS COLONY STATE PRISON

4. Defendant DOUGLAS DUNCAN MD resides or works at  
(full name of first defendant)  
CALIFORNIA MEN'S COLONY STATE PRISON SAN LUIS OBISPO, CA.  
(full address of first defendant)  
MEDICAL DOCTOR FOR THE PRISONERS  
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:

AS AN EMPLOYEE OF THE STATE. MEDICAL DOCTOR IN CALIFORNIA  
MEN'S COLONY STATE PRISON SAN LUIS OBISPO, CA.

5. Defendant JOHN DOE X 10 resides or works at  
(full name of first defendant)

(full address of first defendant)

OVERSIC COMMITTEE AKA "HEADQUARTERS" AKA "SACRAMENTO"  
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☒ individual ☒ official capacity.

Explain how this defendant was acting under color of law:

THESE PEOPLE KNOWN AS THE OVERSIC COMMITTEE. THEIR  
NAMES ARE UNKNOWN AT THIS TIME

D. CLAIMS\*

CLAIM I

The following civil right has been violated:

EIGHTH AMMENDMENT; TO PROVIDE  
PRISONER WITH ADEQUATE MEDICAL CARE.  
DELIBERATE INDIFFERENCE  
TO A SERIOUS MEDICAL NEED IN THE EFFECTS OF DELAY IN TREATMENT  
A SERIOUS MEDICAL NEED  
IS PRESENT WHENEVER THE FAILURE TO TREAT A PRISONERS CONDITION  
COULD RESULT IN FURTHER SIGNIFICANT INJURY

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

SEE ATTACHED SUPPORTING FACTS PAGES 1-4  
SEE ATTACHED SUPPORTING DOCUMENTS PAGES 1-16

*\*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.*

E. REQUEST FOR RELIEF

I believe that I am entitled to the following specific relief:

- ① COMPENSATORY DAMAGES; FOR THE INJURY TO MY LIVER AND HEALTH AND FUTURE HEALTH CAUSED BY THE DELAY IN TREATMENT  
\$ 100,000
- ② GENERAL DAMAGES; FOR WHAT I SUFFERED AND CONTINUE TO SUFFER IN THE FORM OF EXTREME FATIGUE AND EMOTIONAL DISTRESS  
\$ 200,000
- ③ SPECIAL DAMAGES; FOR IN THE FUTURE IN THE FORM OF MEDICAL EXPENSES FOR TREATMENT OF MY CONDITION AND LOSS OF INCOME  
\$ 100,000
- ④ FOR REASONABLE ATTORNEYS FEES PURSUANT TO 42 USC § 1988  
OR  
APPOINT COUNSEL
- ⑤ FOR COST OF SUIT, AND
- ⑥ FOR ANY SUCH OTHER RELIEF AS THE COURT MAY DEEM JUST AND PROPER  
(POSSIBLY PUNITIVE DAMAGES)

1.16.2015

(Date)

James Lyndal

(Signature of Plaintiff)



1 ON 4-11-2012 IT WAS DETERMINED THROUGH A BLOOD TEST ORDERED BY MY PRIMARY CARE  
2 PHYSICIAN (P.C.P), CAMILLO GUIANG MD, THAT I, JAMES LYNCH CDCR #AK-8066, HAD HEPATITIS  
3 "C" VIRUS GENOTYPE 1<sup>a</sup> WITH A HIGH VIRAL LOAD OF 2,950,000 — SEE BLOOD REPORT DOCUMENT #1  
4 IT WAS ALSO DETERMINED THROUGH ANOTHER BLOOD TEST ON 4-11-2012 THAT MY LIVER ENZYMES  
5 WERE ELEVATED AND OUT OF RANGE — SEE BLOOD REPORT DOCUMENT #2. ON 5-15-2012 MY  
6 P.C.P CAMILLO GUIANG INFORMED ME OF THE BLOOD TEST RESULTS. HE SAID THAT I HAD HEPATITIS  
7 "C" WITH A HIGH VIRAL LOAD AND ELEVATED ENZYMES. I ASKED HIM IF I COULD GET TREATMENT  
8 FOR THIS. HE EXPLAINED TO ME THE DIFFERENT GENOTYPES OF HEPATITIS "C" AND THAT I HAD GENO-  
9 TYPE 1<sup>a</sup> OF WHICH THE CURRENT AVAILABLE TREATMENT HERE AT C.M.C PRISON FOR THAT PARTICULAR  
10 GENOTYPE WAS ONLY 29% SUCCESS RATE, BUT THAT THERE WAS A NEW TREATMENT ALREADY FDA  
11 APPROVED THAT WAS 80% SUCCESS RATE ONLY THAT IT WAS NOT YET AVAILABLE HERE AT C.M.C  
12 PRISON. HE SAID TO HANG IN THERE AND IT WOULD PROBABLY BE AVAILABLE NEXT MONTH BUT  
13 IN THE MEAN TIME HE WOULD ORDER A LIVER BIOPSY DUE TO THE CONCERN OF ELEVATED LIVER  
14 ENZYMES — SEE MEDICAL PROGRESS NOTE DOCUMENT #3. ON 6-15-2012 I HAD A LIVER  
15 BIOPSY PERFORMED — SEE BIOPSY REPORT DOCUMENT #4. ON 7-10-2012 I WAS SEEN BY MY  
16 PCP CAMILLO GUIANG AT WHICH POINT HE EXPLAINED TO ME THE CONDITION OF MY LIVER. HE INFORMED  
17 ME THAT I HAD STAGE 3 LIVER FIBROSIS AND THAT THERE WERE 4 STAGES IN FIBROSIS — THAT  
18 THE 4<sup>th</sup> STAGE WAS END STAGE. HE EXPLAINED TO ME THAT FIBROSIS WAS THE SCARRING OF  
19 THE LIVER AND OF HOW THE HEPATITIS "C" VIRUS INFLAMES THE LIVER AND CONTINUED AGITATION  
20 SCARS IT — CAUSING FIBROSIS. HE EXPLAINED TO ME THAT I WOULD NEED TO RID MY BODY OF  
21 THE VIRUS THROUGH TREATMENT OR IT WOULD CONTINUE TO DAMAGE MY LIVER. I ASKED HIM HOW  
22 CLOSE I WAS TO END STAGE — STAGE 4. HE SAID THAT HE DID NOT KNOW ONLY THAT AT THIS  
23 POINT I WAS STAGE 3 AND THAT THE MOST IMPORTANT THING IS TO STOP IT FROM GETTING ANY WORSE.  
24 HE SAID TRY NOT TO WORRY BECAUSE THE NEW TREATMENT WOULD PROBABLY BE AVAILABLE NEXT MONTH  
25 (THE MONTH OF AUGUST). I SAID BUT YOU SAID THAT SOMETHING TWO MONTHS AGO AND NOW YOU  
26 ARE SAYING ONCE AGAIN NEXT MONTH? I SAID IF IT'S FDA APPROVED WHY IS IT NOT YET  
27 AVAILABLE? HE SAID WE ARE WAITING APPROVAL FROM SACRAMENTO FOR THIS NEW TREATMENT  
28 CALLED BOCEPREVIR. I THEN ASKED HIM IF I COULD BE AFFORDED TO SEE A LIVER SPECIALIST

## FACTS

1 SO I COULD DISCUSS IN FURTHER DETAIL MY TREATMENT OPTIONS. HE SAID "NO" HE WOULD NOT REFER  
2 ME TO SEE A LIVER SPECIALIST. I SAID "PLEASE YOU'VE JUST TOLD ME I HAVE STAGE 3  
3 FIBROSIS WITH NECROINFLAMMATORY ACTIVITY GRADE 2 AND SO MY CONDITION IS WORSENING  
4 AND I'VE ALREADY BEEN WAITING THREE MONTHS FOR TREATMENT — HOW LONG CAN THEY KEEP  
5 THIS PENDING?!" HE SAID "THERE IS NOTHING ELSE I CAN DO THE DECISION IS UP TO  
6 SACRAMENTO FOR THIS TREATMENT — YOU CAN GOZ IT (APPEAL IT) IF YOU LIKE." —  
7 SEE PROGRESS NOTES DOCUMENT #5. ON 7.23.2012 I SENT IN A CDCR 602 HEALTHCARE  
8 APPEAL TO THE APPEALS COORDINATOR REQUESTING TO START TREATMENT AND TO SEE A LIVER  
9 SPECIALIST. — SEE APPEAL. ON 8.13.2012 I AM SEEN BY DOUGLAS DUNCAN MD  
10 AT WHICH TIME HE INFORMS ME I DO NOT QUALIFY FOR TREATMENT — SEE PAGE 2 OF 2  
11 PROGRESS NOTES DOCUMENT #6. ON 8.21.2012 I AM SEEN BY MY PCP CARMILLO  
12 GUANG. HE INFORMS THEY HAVE STILL NOT GOTTEN APPROVAL FOR THE NEW TREATMENT, BUT  
13 THAT RUMOR HAS IT WILL BE NEXT MONTH. I ASK HIM WHY THEY ARE MAKING ME WAIT FOR  
14 THIS MEDICATION WHEN MY CONDITION IS WORSENING? HE SAID THAT THE STATE IS BROKE AND  
15 THAT MEDICATION IS VERY EXPENSIVE. I SAID BUT THAT IS NOT RIGHT I NEED THAT MEDIC-  
16 ATION!! HE SAID I UNDERSTAND YOUR CONCERN BUT THERE IS NOTHING ELSE I CAN  
17 DO. I THEN ASK HIM IF THAT I CAN TAKE THE OLD TREATMENT AS THERAPY TO KEEP  
18 THE VIRAL LOAD DOWN WHILE AWAITING THE NEW. HE SAID NO YOU WILL JUST HAVE TO  
19 WAIT UNTIL THE NEW TREATMENT IS APPROVED. — SEE PROGRESS NOTES #7.  
20 ON 8.31.2012 I AM SEEN BY DANIEL PARK MD (INFECTIOUS DISEASE SPECIALIST)  
21 I HAVE MANY QUESTIONS. ONE OF THEM BEING HOW FAST I AM I PROGRESSING IN MY  
22 LIVER DISEASE? HE SAID YOU ARE STAGE 3. I SAID YES BUT HOW LONG UNTIL  
23 I REACH STAGE 4? HE SAID HE DID NOT KNOW HOW CLOSE I WAS TO STAGE 4, BUT  
24 THAT IT IS ABOUT 5 YEARS (ON AVERAGE) FROM ONE STAGE TO ANOTHER DEPENDING  
25 ON DIFFERING FACTORS. I SAID THEN DOESN'T IT MAKE SENSE TO START TREATMENT  
26 AS SOON AS POSSIBLE AS I AM ALREADY STAGE 3? HE SAID YES IT MAKES  
27 SENSE TO START AS SOON AS POSSIBLE. I SAID THEN WHY HAVE I BEEN KEPT  
28 WAITING AND ALL THESE MONTHS HAVE ALREADY GONE BY? HE SAID I WILL SUBMIT



# SUPPORTING FACTS

PAGE 3 OF 4

1 YOUR INFORMATION TO SACRAMENTO. I THEN ASK HIM WHY MY INFORMATION WAS NOT YET BEEN  
 2 SUBMITTED WHEN ALL THIS TIME HAS ALREADY PASSED. HE SAID YOU JUST NEED TO BE PATIENT,  
 3 I SAID I HAVE BEEN PATIENT BUT MY CONDITION IS VERY SERIOUS AND IS "PROGRESSING"  
 4 THE BLOOD TEST PROVE THAT AND SO COULD YOU PLEASE TELL ME WHEN I WILL START TREATMENT?  
 5 HE THEN SAID "IF YOU HAVEN'T STARTED TREATMENT IN 60 DAYS THEN I WILL CALL YOU BACK  
 6 AND EXPLAIN WHY. — SEE PROGRESS NOTES DOCUMENT # 8 ON 9.12.2012 I AM  
 7 GIVEN A FIRST LEVEL RESPONSE TO MY HEALTH CARE APPEAL. I AM GRANTED THE NEW  
 8 TREATMENT PENDING NOTIFICATION FROM SACRAMENTO. — SEE APPEAL. I THEN  
 9 APPEAL THAT DECISION ASKING A 'TIMEFRAME' ON HOW LONG SACRAMENTO CAN  
 10 KEEP THIS PENDING. — SEE APPEAL. TWO MORE MONTHS PASS STILL NO TREATMENT!  
 11 SO THEN ON 11.12.2012 I WRITE A LETTER TO SAN QUENTIN LAW OFFICE EXPLAINING  
 12 MY DILEMMA ALONG WITH MY FIRST LEVEL RESPONSE. — PLEASE SEE LETTER  
 13 DOCUMENT # 9. SAN QUENTIN LAW OFFICE THEN RESPONDS BY SENDING A MEMORANDUM  
 14 TO CHRIS SWANBERG'S OFFICE WHICH STATES: ACCORDING TO HCV CARE GUIDE OF THE  
 15 CCHCS HCV CENTRAL OVERSIGHT COMMITTEE HAS 10 WORKING DAYS TO RESPOND TO  
 16 TREATMENT APPLICATIONS. MR. LYNCH HAS BEEN KEPT WAITING MANY MONTHS FOR APPROVAL  
 17 FROM HEADQUARTERS PLEASE EXPLAIN THE DELAY. — SEE MEMORANDUM DOCUMENT # 10  
 18 ON 11.27.2012 I AM SEEN BY MY P.C.P. CAMILLO GUANG AT WHICH TIME HE ONCE  
 19 AGAIN INFORMS ME THAT THEY ARE STILL AWAITING APPROVAL, EXCEPT THAT THIS TIME  
 20 HE SAYS HE NO LONGER FEELS COMFORTABLE TELLING ME "MAYBE NEXT MONTH"  
 21 AS HE HAS SAID THAT SAME THING FOR THE PAST 7 MONTHS AND THAT I  
 22 SHOULD HAVE STARTED TREATMENT BY NOW. HE SAID "YOU CAN SUE THE STATE". —  
 23 SEE PROGRESS NOTES DOCUMENT # 11 ON 12.12.2012 THE RECEIVERS OFFICE  
 24 RESPONDS TO SAN QUENTIN LAW OFFICES' MEMORANDUM BY SAYING: ON NOVEMBER 13<sup>TH</sup>  
 25 2012 MR. LYNCH WAS FORMALLY EVALUATED BY DR. PARK FOR CONSIDERATION OF HCV GENOTYPE 1  
 26 (THIS IS NOT TRUE I WAS FORMALLY EVALUATED ON 8.31.2012 — SEE PROGRESS NOTES DOCUMENT # 8)  
 27 AN HCV FORM WAS SUBMITTED TO HEADQUARTERS ON NOVEMBER 20 2012 AND CMC PRISON  
 28 RECEIVED AUTHORIZATION TO START MR. LYNCH ON NEW TREATMENT BOCEPREVIR ON NOVEMBER 27  
 2012 — SEE MEMORANDUM DOCUMENT # 12 THIS DOES NOT EXPLAIN THE DELAY FOR  
 THE PAST 7 MONTHS.

# SUPPORTING FACTS

PAGE 4 OF 4

ON 1-16-2012 I AM SEEN BY DOUGLAS DUNCAN MD AT WHICH TIME I ASK HIM WHEN I WILL START THE NEW TREATMENT. HE TELLS ME THAT THIS INSTITUTION HAS NOT YET BEGUN GIVING THAT MEDICATION SO EVEN THOUGH I AM APPROVED I CANNOT START TAKING ANY DOSES — PROGRESS NOTES DOCUMENT #13

THEN ON 2-11-2013 I FINALLY START THE NEW MEDICATION — SEE DOCUMENT # 14

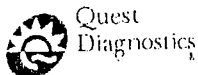
IT TOOK ALMOST 8 MONTHS TO START THIS LIFE SAVING TREATMENT FROM THE TIME OF MY BIOPSY AND IN THAT TIME MY CONDITION CONTINUED TO WORSEN. THE BLOOD TEST PROVE THIS — SEE DOCUMENT #15 AND #16: NECROINFLAMMATORY ACTIVITY GRADE 2 — SEE BIOPSY DOCUMENT #4. WHEN INQUIRING ABOUT TREATMENT MY P.C.P CAMILLO GUIANE ACTED AS THOUGH I WAS A NUISANCE OR A PEST STATING THAT I WAS MAKING A BIG ISSUE OF SOMETHING THAT WAS NOT. — SEE PROGRESS NOTES DOCUMENT #5 WHEN ASKING IF THE PAPERWORK COULD BE EXPEDITED SO THAT I COULD RECEIVE TREATMENT IN A REASONABLE TIMEFRAME I WAS TOLD "NO". ALL OF THE DEFENDANTS NAMED HAD DIRECT KNOWLEDGE OF MY LIVER CONDITION, THAT TIME WAS OF THE ESSENCE, AND THAT WITHOUT TREATMENT THE HEPATITIS "C" VIRUS WOULD CONTINUE TO DAMAGE MY LIVER, AND THAT FIBROSIS IS IRREVERSIBLE

THEFORE IN VIOLATION OF THE 8<sup>th</sup> AMMENDMENT

TO PROVIDE PRISONERS WITH ADEQUATE MEDICAL CARE  
DELIBERATE INDIFFERENCE TO A SERIOUS MEDICAL  
NEED IN THE EFFECTS OF DELAY IN TREATMENT

A SERIOUS MEDICAL NEED IS PRESENT WHENEVER  
THE FAILURE TO TREAT A PRISONERS CONDITION COULD  
RESULT IN FURTHER SIGNIFICANT INJURY.

THANK YOU VERY MUCH FOR YOUR TIME,  
SINCERELY *Quentin*



Report Status: Final  
LYNCH, JAMES

**SUPPORTING  
DOCUMENT**  
#1

Patient Information	Specimen Information	Client Information
<b>LYNCH, JAMES</b>  DOB: 07/30/1966 AGE: 45 Gender: M Phone: 805.547.7900 Patient ID: AK8066	Specimen: EN337998V Requisition: 0014938  Collected: 04/10/2012 / 10:40 PDT Received: 04/11/2012 / 05:34 PDT Reported: 04/13/2012 / 23:13 PDT	Client #: 93409001 MAIL0000 GUIANG, CAMILO CALIFORNIA MEN'S COLONY HWY 1 N SAN LUIS OBISPO, CA 93409-0001

Ward: WEST

COMMENTS: FASTING

Test Name	In Range	Out Of Range	Reference Range	Lab
HEPTIMAX (R) HCV RNA				EZ
HEPTIMAX (R) HCV RNA		2950000 H	<5 IU/mL	
HEPTIMAX (R) HCV RNA		6.47 H	<0.7 LogIU/mL	

The range of the HEPTIMAX (TM) assay is 5 IU/mL to 69,000,000 IU/mL.

This test was performed using the COBAS(R) AmpliPrep / COBAS(R) TaqMan(R) HCV Test Kit (Roche Molecular Systems, Inc.).

HEPATITIS C VIRAL RNA  
GENOTYPE, LIPA  
HCV GENOTYPE, LIPA

GENOTYPE 1a

The method used in this test is RT-PCR and reverse hybridization (Line Probe) of the 5' UTR and core region of the HCV genome.

This test was developed and its performance characteristics have been determined by Quest Diagnostics Nichols Institute, San Juan Capistrano. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. Performance characteristics refer to the analytical performance of the test.

Quest Diagnostics also offers the AccuType(R) IL28B test, which can help stratify HCV-infected individuals into those who are predisposed to respond more favorably and those who are predisposed to respond less favorably to standard HCV therapy. A favorable IL28B genotype (ie, CC) predicts improved treatment response for individuals infected with HCV genotype 1. Reference: Clin Gastroenterol Hepatol. 2011;9:344-350. To order the IL-28B test please submit a new whole blood sample for test code 90251.

#### PERFORMING SITE:

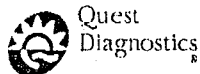
EZ QUEST DIAGNOSTICS/SJC, 33608 ORTEGA HWY, SAN JUAN CAPISTRANO, CA 92675-2012 Laboratory Director: JON SAKAMOTO, MD PHD, CLIA: 05D0643352

CLIENT SERVICES: 866.697.8378

SPECIMEN: EN337998V  
Printed by Care360 AutoReceive on 04/14/12 at 07:01am.

PAGE 1 OF 1

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Report Status: Final  
LYNCH, JAMES

SUPPORTING  
DOCUMENT  
#2

Patient Information	Specimen Information	Client Information
<b>LYNCH, JAMES</b>  DOB: 07/30/1966 AGE: 45 Gender: M Phone: 805.547.7900 Patient ID: AK8066	Specimen: EN328684V Requisition: 0014937  Collected: 04/10/2012 / 10:40 PDT Received: 04/11/2012 / 01:47 PDT Reported: 04/11/2012 / 06:42 PDT	Client #: 93409001 MAIL0000 GUIANG, CAMILO CALIFORNIA MEN'S COLONY HWY 1 N SAN LUIS OBISPO, CA 93409-0001

Ward: WEST

COMMENTS: FASTING

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL				
CHOLESTEROL, TOTAL		119 L	125-200 mg/dL	EN
HDL CHOLESTEROL	44		> OR = 40 mg/dL	EN
TRIGLYCERIDES	75		<150 mg/dL	EN
LDL-CHOLESTEROL	60		<130 mg/dL (calc)	EN

Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.

CHOL/HDL C RATIO	2.7		< OR = 5.0 (calc)	EN
NON-HDL CHOLESTEROL	75		mg/dL (calc)	EN

Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.

COMPREHENSIVE METABOLIC  
PANEL

GLUCOSE	85		65-99 mg/dL	EN
---------	----	--	-------------	----

Fasting reference interval

UREA NITROGEN (BUN)	15		7-25 mg/dL	
CREATININE	0.81		0.60-1.35 mg/dL	
eGFR NON-AFR. AMERICAN	107		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	124		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	140		135-146 mmol/L	
POTASSIUM	4.3		3.5-5.3 mmol/L	
CHLORIDE	105		98-110 mmol/L	
CARBON DIOXIDE		18 L	21-33 mmol/L	
CALCIUM	9.8		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.9		6.2-8.3 g/dL	
ALBUMIN	4.8		3.6-5.1 g/dL	
GLOBULIN	3.1		2.1-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.5		1.0-2.1 (calc)	
BILIRUBIN, TOTAL	1.2		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	66		40-115 U/L	
AST		95 H	10-40 U/L	
ALT		203 H	9-60 U/L	
PROTHROMBIN TIME-INR				EN
INR		1.2 H		
Reference Range	0.9-1.1			
Moderate-intensity Warfarin Therapy	2.0-3.0			
Higher-intensity Warfarin Therapy	3.0-4.0			
PT		12.3 H	9.0-11.5 sec	
CBC (INCLUDES DIFF/PLT)				EN
WHITE BLOOD CELL COUNT	5.4		3.8-10.8 Thousand/uL	

CLIENT SERVICES: 866.697.8378

SPECIMEN: EN328684V

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PAGE 1 OF 2

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**MEDICAL PROGRESS NOTE**

NAME: LYNCH, JAMES	CDCR#: AK8066	DATE OF SERVICE: 05/15/2012
DATE OF BIRTH: 07/30/1966	HOUSING: E 002 1000005L	PAROLE DATE:

TIME: 10:40 a.m.

His Test of Adult Basic Education (TABE) score is 12.9.

**CHIEF COMPLAINT/SUBJECTIVE:**

1. The patient came in for a followup on his testicular ultrasound result. He had an ultrasound done on 05/01/2012 which showed a bilateral hydrocele, left greater than the right, with multiple cysts involving the head of the right epididymis measuring about 4 x 3 x 6 mm. There is good flow going to both testicles. He had laboratory work done to check for beta-hCG and alpha fetoprotein which are tumor markers, but those turned out to be negative. He will be referred to the Urology Clinic.
2. Also, he has a history of hepatitis C. Previously he was genotype 2, but now on the recent laboratory studies it showed genotype 1. This was done on 04/10/2012. His viral count is 2.9 million, genotype 1. The alpha fetoprotein was within normal limit at 2.6. His hemoglobin is 15.5, hematocrit 46.8, and platelet count is 169,000. His AST is 97, ALT is 203, and INR is 1.2. The albumin is 4.8. On cholesterol, it is 119, LDL of 60. He is requesting interferon treatment. He complains of fatigue, weakness, no energy. He has no abdominal pain, no nausea, and no vomiting.
3. He also is having dark pigmentations on the feet which has failed with hydrocortisone cream, and he would like further workup and biopsy done.

**ALLERGIES:**

**OBJECTIVE: VITAL SIGNS:** Blood pressure 151/74, cardiac rate 89, temperature 98.5, respiratory rate 20. Pulse oximetry is 99% on room air. Height 6 feet 1 inch. Weight 255 pounds. Body mass index 34. **HEENT:** Nonicteric sclerae. **LUNGS:** Clear. **HEART:** S1, S2. **ABDOMEN:** Soft. No hepatomegaly. **EXTREMITIES:** With multiple irregular, pigmented, macular lesions on both feet on the dorsal surface without any discharge or plaques. **GENITOURINARY:** Hydroceles, left greater than right.

**ASSESSMENT/PLAN:**

1. Hepatitis C, genotype 1a, fair control, trend stable with a high viral load. Plan: We will refer the patient for liver biopsy, and if he has stage 2 and above fibrosis then we will refer him for treatment. Discussed that he should not be drinking any alcohol or using drugs.
2. Bilateral hydrocele. We will refer him to the Urology Clinic for evaluation if there is a need for any treatment.
3. Dermatitis, persistent, on both feet. Failed steroid treatment. We will refer him to the Surgery Clinic for biopsy.
4. Obesity. The body mass index is 34. The ideal body weight is 165. Advised diet and exercise.

**EDUCATION:** His TABE score is 12.9. Effective communication was obtained.

**FOLLOWUP:** Follow up in 2-3 months.

X csg

Camilo Guiang, MD  
Digitally authenticated on 5/17/2012 8:12 AM

CG/cn D: 05/15/2012 10:56:00 am

T: 05/16/2012 08:24:13 am

Job #: 436023

DICTATED BY Camilo Guiang, MD  
LYNCH JAMES

Confidential Saved 2014-10-22T21:24:13Z  
AK8066



Date: 6/18/2012 Time: 2:38 PM To: GUIANG M.D., CAMILO @ 547-7502  
 541-6116 Page: 002

805

SUPPORTING  
DOCUMENT

#4

1 of 2

# Central Coast Pathology

SB Jobst MD  
 BD Ragsdale MD  
 KL Ferguson MD  
 DM Lawrence MD

JB Hannah MD  
 RE Rocha MD  
 MV Frost MD

CL Douglas MD  
 KF Lundquist MD  
 GC Ponto MD

Tel: (805) 541-6033 • Fax: (805) 541-6116 • www.ccpathology.com

TREATAS ORIGINAL

## SURGICAL PATHOLOGY REPORT

Patient: LYNCH, JAMES  
 DOB: 7/30/1966 Sex: M MRN: AK8066 Accession #: CPS-12-03860  
 Physician: WATSON, TIM M.D. ID#: AK8066 Date Collected: 6/15/2012  
 GUIANG, CAMILO M.D. Date Received: 6/15/2012  
 CALIFORNIA MEN'S COLONY

AK8066

SPECIMEN RECEIVED: A) Liver Biopsy

CLINICAL HISTORY: Hep C. Procedure: Liver core biopsy with US. ICD-9: 571.41 = Chronic persistent hepatitis.

GROSS DESCRIPTION: In formalin designated "liver cores" are two tan core biopsies, 16 x 1 mm to 18 x 1 mm. Entirely submitted in filter paper, one cassette. A liver panel is requested.

BDR/gu (6/15/2012)

MICROSCOPIC DESCRIPTION: Trichrome and reticulin stains highlight portions of eighteen portal zones. Portal zones display fibrous expansion with periportal and septal fibrosis. No micro nodules are identified. Portal zones display a moderate, predominantly lymphocytic inflammatory infiltrate with areas of interface hepatitis and mild lobular chronic inflammation. Bile ductal appear unremarkable. There is no stainable iron. PAS with diastase stains are negative for cytoplasmic hyaline globules. There is no significant steatosis.

### MICROSCOPIC DIAGNOSIS:

Liver (ultrasound-guided core biopsies):

- CHRONIC HEPATITIS C (BY CLINICAL HISTORY)
- MODERATE PORTAL AND MILD LOBULAR CHRONIC INFLAMMATION WITH INTERFACE HEPATITIS
- PERIPORTAL AND SEPTAL FIBROSIS
- NO STEATOSIS OR STAINABLE IRON

NOTE: We have no prior liver biopsies on this patient. By the Batts-Ludwig scoring system, inflammation is graded as 2 out of 4 and fibrosis is staged at 3 out of 4.

### Chronic Hepatitis Synoptic Description:

Type of hepatitis: Chronic hepatitis C  
 Necroinflammatory activity (grade 0-4): 2  
 Number of portal zones (>5, minimum for adequacy): 18  
 Stage of fibrosis (scale 0-4): 3  
 Steatosis (scale 0-3 with 0 < 5%): 0  
 Fragmentation: None  
 Iron stain (scale 0-4): 0

JBH/la (6/18/2012)

This test was performed at 1010 Murray Avenue, San Luis Obispo, CA 93405 James Hannah, M.D., Director

SUPPORTING DOCUMENT #41

ZOFZ

CENTRAL COAST PATHOLOGY

SB Jobst MD

JB Hannah MD

CL Douglas MD

BD Ragsdale MD

RE Rocha MD

KF Lundquist MD

KL Ferguson MD

MV Frost MD

GC Ponto MD

DM Lawrence MD

Tel: (805) 541-6033 • Fax: (805) 541-6116 • www.ccpathology.com

TREATAS ORIGINAL

AK 8066

**SURGICAL PATHOLOGY REPORT**

Patient: **LYNCH, JAMES**

DOB: 7/30/1966

Accession #: **CPS-12-03860**

Final Diagnosis performed by JAMES HANNAH, M.D. Pathologist Electronically signed 6/18/2012 2:22:27PM

**MEDICAL PROGRESS NOTE**

NAME: LYNCH, JAMES	CDCR#: AK8066	DATE OF SERVICE: 07/10/2012
DATE OF BIRTH: 07/30/1966	HOUSING: E 010 1000028L	PAROLE DATE:

TIME:

SUBJECTIVE: The patient was ducated today to discuss again the biopsy result. He had the liver biopsy done on 06/18/2012, which showed stage 3 fibrosis. The patient has a history of hepatitis C, genotype 1, on the laboratory ordered on 04/10/2012. The viral load was 2.9 million. He claimed that he had genotype 2 in the past while in the county jail, but this recent laboratory work only showed genotype 1.

I discussed with him that the treatment for hepatitis C, genotype 1, is on hold at present, but we will probably get approval for the new drug by the end of next month in August. The patient became agitated and is making a big issue that it is taking a long period of time for the treatment and he already has stage 3 fibrosis. I discussed with him that we just need to wait and also he was referred to Psychiatry for clearance, but now he wants an emergency appointment to see the psychiatrist, so he can get cleared for treatment. If the new drug is not approved, then he wants to start with the old drug with this combination of ribavirin and interferon even though the success rate is low.

The patient is very argumentative. Now, he wants to see a liver specialist for the treatment of hepatitis C. Anyway, I sent a referral to the Infectious Disease specialist, Dr. Park, on 06/29/2012, to discuss treatment options. I discussed with him that I am not going to make it as an emergency because it is not a life threatening situation. The patient still continued to be argumentative about the treatment no matter what explanations I gave.

**ALLERGIES:**

OBJECTIVE: VITAL SIGNS: Blood pressure is 131/83, temperature 97, respiratory rate 16, cardiac rate 93. Height 6 feet 1 inch. Weight 251 pounds. Body mass index 33. HEENT: Nonicteric sclerae. LUNGS: Clear. HEART: S1, S2. ABDOMEN: Soft, nontender.

ASSESSMENT: Hepatitis C, genotype 1, stage 3 fibrosis.

**PLAN:**

1. We will wait for his appointment to see the Infectious Disease specialist for treatment options. Not necessarily treatment (routine)
2. We are still waiting for the approval of the new drug. Hopefully, we will get a response by August 2012.
3. He was referred to Mental Health for clearance, awaiting his appointment.
4. Other blood tests were ordered for serum iron, ANA, RA and alpha fetoprotein.

EDUCATION: See above.

FOLLOWUP: He will be followed up in two to three months.

X csg

Camilo Guiang, MD  
Digitally authenticated on 7/13/2012 4:48 PM

CG/kq D: 07/10/2012 03:39:00 pm

T: 07/11/2012 08:43:26 pm

Job #: 481402

Dictated BY Camilo Guiang, MD  
LYNCH JAMES

Confidential Saved 2014-10-22T21:24:13Z  
AK8066

**MEDICAL PROGRESS NOTE**

NAME: LYNCH, JAMES	CDCR#: AK8066	DATE OF SERVICE: 08/13/2012
DATE OF BIRTH: 07/30/1966	HOUSING: E 010 1000028L	PAROLE DATE:

TIME:

CHIEF COMPLAINT: Hydrocele and hepatitis C virus.

SUBJECTIVE: The patient has a hydrocele and he states that it is so symptomatic that he wants to have it reduced surgically. A referral was made to Urology and that appointment is pending. The patient has hepatitis C and he wants treatment. He has been referred to Psychiatry and he says he has seen Psychiatry already. While he is waiting for the Urologist, he wants a low bunk Chrono because he states that he has been injuring his scrotum by climbing into the upper bunk. He had a liver biopsy in June 2012 showing stage 3 fibrosis and stage 2 inflammation.

ALLERGIES: none.

OBJECTIVE: VITAL SIGNS: Temperature 97, pulse 89, blood pressure 113/69, respirations 16. Weight 253.  
GENERAL: Examination today is unremarkable. HEENT: No icterus. LUNGS: Normal. HEART: Normal.  
ABDOMEN: Soft and nontender. No organomegaly. EXTREMITIES: No spider angiomas. No asterixis. No ankle edema.

ASSESSMENT:

1. Hydrocele, bilateral.
2. Hepatitis C with Meld score of 9 today.

PLAN: Review the hepatitis C initial workup check list and move ahead on that. The patient has an appointment with his primary care provider in a month or two. He will go back to see Urology to talk about the hydrocele and then will see him back here after that. I renewed the lower bunk Chrono for two months while we are waiting for these things to happen.

EDUCATION: Hep C

FOLLOWUP: See above.

**X** duncan

Douglas Duncan, MD  
Digitally authenticated on 8/17/2012 2:41 PM

DD/kaa D: 08/13/2012 01:46:00 pm

T: 08/17/2012 10:03:05 am

Job #: 508416

SUPPORTING DOCUMENT #6

ADDENDUM

NAME: LYNCH, JAMES	CDCR#: AK8066	DATE OF SERVICE: 08/13/2012
DATE OF BIRTH: 07/30/1966	HOUSING: E 010 1000028L	PAROLE DATE:

ADDENDUM job# 508416

The Child-Pugh score for this patient is 5 today. According to the hepatitis C treatment guidelines for California Department of Corrections and Rehabilitation (CDCR), he does not qualify for treatment with a Child-Pugh score of 5 and genotype 1. The algorithm calls for reanalysis in one year. In the meantime we will continue gathering all the checklist data so that we will be ready to go if he should qualify for treatment, but he is not qualified for treatment at this point.

X duncan

Douglas Duncan, MD  
Digitally authenticated on 8/14/2012 4:42 PM

DD/dla D: 08/13/2012 02:00:00 pm

T: 08/14/2012 07:14:04 am

Job #: 508454



California Correctional Health Care Services

CALIFORNIA MEN'S COLONY

**SUPPLEMENTAL DOCUMENT**

**MEDICAL PROGRESS NOTE**

NAME: LYNCH, JAMES	CDCR#: AK8066	DATE OF SERVICE: 08/21/2012
DATE OF BIRTH: 07/30/1966	HOUSING: E 010 1000028L	PAROLE DATE:

TIME: 1200 hours.

**CHIEF COMPLAINT:**

**SUBJECTIVE:** The patient was ducated again today inquiring when he will see the infectious disease specialist for the management of hepatitis C, genotype 1, stage II fibrosis. A request for the patient to be seen by the Infectious Disease (ID) specialist was done on 06/29/2012 as a routine, so it would take at least 3 months to see the specialist. Up to the present time, the approval for protease inhibitors for treatment is still pending. Since that time, he had sent a request on multiple times regarding the appointment to see the ID specialist. He has written multiple 7362s regarding his matter. He was also seen on multiple occasions regarding the appointment date recently on 08/13/2012 by Dr. Duncan. He submitted a 7362 five times since a week ago inquiring about the scheduled date to see ID specialist.

The patient wants the old treatment, which is a combination of interferon and ribavirin, to start right away because he claimed that he will progress into liver cirrhosis soon. He also made an argument that some inmates with hepatitis C, genotype 1 are using the old treatment. I discussed with him that those inmates were started on the 2 combination more than 6 months ago and we decided to continue the treatment, but no new treatment has been started since about 3 months ago.

He also complains of right shoulder pain. He claimed that he had steroid injections in the past and he wants a low bunk Chrono. Initially, he refused to take an x-ray, but eventually he agreed. He has a hydrocele and was referred to the urologist. He was given a 2-month lower bunk Chrono. Since the urologist he had seen retired, he will find a urologist outside or telemed

**ALLERGIES:**

**OBJECTIVE: VITAL SIGNS:** Blood pressure 135/83, cardiac rate 107, repeat cardiac rate 96, temperature 96.6, respiratory rate 16. Pulse oximetry 96% to 97% on room air. Body mass index 33. **ABDOMEN:** Soft, nontender. **GENITOURINARY:** Genitalia not examined. **EXTREMITIES:** Mild tenderness in the right shoulder but able to raise arm to 180 degrees without difficulty.

**ASSESSMENT AND PLAN:**

1. Hepatitis C, genotype 1, Stage 3 fibrosis awaiting to be seen by the ID specialist.
2. Right shoulder pain, chronic with a history of steroid injection. He is on salsalate. I discussed it and the complications of NSAIDs in hepatitis C patients, and he understood. He claimed that Tylenol does not work at all.
3. Hydrocele. We will try to find a urologist.

**EDUCATION:** Effective communication attained. Education on healthy lifestyle.

**FOLLOWUP:** See above.

X csg

Camilo Gulang, MD  
Digitally authenticated on 8/27/2012 2:10 PM

CG/ra D: 08/21/2012 02:36:00 pm

Dictated by Camilo Gulang, MD  
LYNCH JAMES

MY DOCTOR STATES  
THAT I SUBMITTED A REQUEST  
FIVE TIMES IN A WEEK FOR THE SAME THING  
THIS IS NOT TRUE AND IF HE HAD READ HE WOULD KNOW  
THEY WERE EACH DIFFERENT AND SON QUENTIN  
T: 08/27/2012 08:28:00 am Job #: 515192  
LAW OFFICE ADVISED ME THAT I MUST MAKE  
MY REQUEST KNOWN THROUGH THE SICK CALL PROCESS  
THANK YOU, JAMES LYNCH

Confidential Saved 2014-10-22T14:00:00Z

**MEDICAL CONSULTATION**

<b>NAME:</b> LYNCH, JAMES	<b>CDCR#:</b> AK8066	<b>DATE OF SERVICE:</b> 08/31/2012
<b>DATE OF BIRTH:</b> 07/30/1966	<b>HOUSING:</b> E 010 1000028L	<b>PAROLE DATE:</b>

**REQUESTING PROVIDER:** Camilo Guiang, MD

**CONSULTING PROVIDER:** Daniel Park, MD

**DATE OF CONSULTATION:** 08/31/2012

**REASON FOR CONSULTATION:** Hepatitis C.

**HISTORY OF PRESENT ILLNESS:** The patient is a 46-year-old white male with chronic hepatitis C, genotype 1, with stage 3/4 fibrosis from a liver biopsy on 06/15/2012. He is very interested in treatment. He has a history of IV drug use starting 10 to 20 years ago. He was first diagnosed with hepatitis C when he was tested in 2003. He has no history of GI bleeding. He denies any current drug use or alcohol use. He has no other significant medical conditions. He denies any abdominal pain, fatigue or GI bleeding.

**PAST MEDICAL HISTORY:**

1. Chronic hepatitis C, genotype 1.
2. Hydrocele.

**MEDICATIONS:**

1. Salsalate p.r.n.
2. Amitriptyline.
3. Chlorpheniramine p.r.n.

**ALLERGIES:** CODEINE.

**SOCIAL HISTORY:** He paroled in two years. He denies tattoos, drug use, alcohol use.

**FAMILY HISTORY:** No history of liver cancer.

**REVIEW OF SYSTEMS:** Nine systems reviewed. Pertinent positives and negatives as per History of Present Illness.

**OBJECTIVE FINDINGS:** VITAL SIGNS: Temperature 97, pulse 90, blood pressure 137/83, respirations 12. Weight: 245 pounds. GENERAL: In no acute distress. HEENT: Oropharynx is clear. Sclerae are anicteric. NECK: Supple. No lymphadenopathy. CHEST/LUNGS: Clear to auscultation bilaterally. HEART: Regular rate and rhythm. ABDOMEN: Soft. Nontender. Nondistended. BACK: Unremarkable. EXTREMITIES: No clubbing, cyanosis or edema. NEUROLOGICAL: Alert and oriented x3.

**LABORATORY DATA:** 08/16/2012: TSH 1.39. White blood cell count 6.4. Hemoglobin 15. Platelets 162,000. Hepatitis B surface antigen nonreactive. Hepatitis B surface antibody nonreactive. Hepatitis A antibody reactive. HIV nonreactive.

On 07/11/2012: Creatinine 0.73, AST 77, ALT 186. Total bilirubin 1.1, albumin 4.4. Alpha fetoprotein 2.3.

06/15/2012: Liver biopsy showing moderate portal and mild lobular chronic inflammation with interface hepatitis, periportal and septal fibrosis. No steatosis or stainable iron. He has 18 portal zones. Stage of fibrosis is 3/4. Inflammation is grade 2.

06/11/2012: INR 1.4.

Dictated by Daniel Park, MD  
LYNCH JAMES

SUPPORTING #3  
DOCUMENT

ASSESSMENT: Chronic hepatitis C, genotype 1. He qualifies for treatment under the current guidelines for chronic hepatitis C, genotype 1. He has stage 3 fibrosis. Child-Pugh score 5. As soon as the paperwork is finalized will submit him for treatment. He should be vaccinated for hepatitis B. I will refer him for that. It looks like he had a Pneumovax done on 03/28/2012.

RECOMMENDATIONS / PLAN: Wait for final approval for boceprevir Will have the patient called back after were have submitted his information to Sacramento.

EDUCATION: The patient verbalized understanding the assessment and plan.

X dp

Daniel Park, MD  
Digitally authenticated on 9/5/2012 12:33 PM

DP/ch D: 08/31/2012 11:38:00 am

T: 08/31/2012 04:05:52 pm

Job #: 524228

MY LETTER TO THE  
SAN JUAN LAW OFFICE  
SACRAMENTO  
DOCUMENT #9

DEAR SIR OR MADAM,

MY NAME IS JAMES LYNCH CDR# AK8066 AND I AM PRESENTLY SERVING A 5 YEAR SENTENCE AT 85% IN CALIFORNIA MEN'S COLONY STATE PRISON LOCATED IN SAN LUIS OBISPO. I AM WRITING THIS LETTER WITH HOPE THAT YOU MAY BE ABLE TO HELP ME WITH MY DILEMMA. MY PROBLEM IS THAT I HAVE STAGE (3) LIVER CIRRHOSIS FROM HEPATITIS "C" VIRUS AND IF I DON'T GET TREATMENT AND RID MY BODY OF THE VIRUS I WILL DIE. I HAVE GENOTYPE (1a) — THERE ARE NUMEROUS GENOTYPES — SOME MORE DIFFICULT TO TREAT THAN OTHERS. GENOTYPE (1a) IS ONE OF THE HARDER TYPES TO TREAT. THE DOCTORS HERE AT C.M.C HAVE REFERRED ME FOR TREATMENT AND RECOMMEND I START AS SOON AS POSSIBLE, BUT THEY SAY SACRAMENTO HAS THE FINAL APPROVAL OR RATHER THE FINAL DECISION FOR APPROVAL. I HAVE BEEN WAITING FOR THIS TREATMENT FOR SOME TIME NOW. HOW LONG CAN THEY KEEP THIS PENDING? EVERY DAY THE SCARRING OF MY LIVER PROGRESSES AND IF I DON'T RID MY BODY OF THIS VIRUS IT WILL CONTINUE TO SCAR UNTIL I REACH STAGE (4) (END STAGE) AND I WILL DIE. THE TREATMENT FOR THIS PARTICULAR HEPATITIS VIRUS HAS AN 80% SUCCESS RATE. IF I CAN GET THIS TREATMENT SOON MOST LIKELY IT WILL CURE ME OF THE VIRUS AND STOP THE PROGRESSING OF DAMAGE TO MY LIVER, BUT I CAN'T AFFORD TO WAIT MUCH LONGER BECAUSE IF IT GETS ANY WORSE I MAY NO LONGER BE A CANDIDATE FOR TREATMENT. MY WINDOW OF OPPORTUNITY IS NOW. HOW LONG UNTIL I REACH STAGE (4) CIRRHOSIS IS ANYBODY'S GUESS, BUT THEY CAN TELL THROUGH BLOOD TESTS HOW FAST YOUR CELLS ARE BEING DESTROYED. MY "ALT" LEVELS ARE VERY HIGH SO THIS MEANS I'M SCARRING RAPIDLY (ENCLOSED ARE MY MOST RECENT COPIES OF BLOODWORK). I'M EXTREMELY WORRIED ABOUT THIS. AT THIS POINT IF I GOT THE TREATMENT AND STOPPED THE PROGRESSION OF DAMAGE TO MY LIVER — I COULD LIVE OFF WITH A LITTLE LIVER I HAVE LEFT, BUT I CAN'T AFFORD TO WAIT MUCH LONGER. IF I WAS ON THE STREETS (NOT IN CARCERATED) I COULD EASILY SEEK TREATMENT THROUGH NUMEROUS AVAILABLE CLINICS BUT UNFORTUNATELY I'M NOT TO BE RELEASED UNTIL JANUARY 30th 2016. I MAY NOT MAKE IT THAT LONG AND IF I DO I MAY NOT BE HEALTHY ENOUGH AT THAT POINT TO BE ELIGIBLE FOR TREATMENT. THE OTHER THING THAT CONCERNS ME IS THAT IN ORDER TO QUALIFY FOR TREATMENT HERE AT C.M.C YOU MUST HAVE AT LEAST A YEAR AND A HALF LEFT ON YOUR SENTENCE. AT THIS POINT I HAVE A LITTLE OVER (2) YEARS LEFT SO I DO QUALIFY BUT IF THEY CONTINUE TO DRAG THIS OUT — IN ABOUT (8) MONTHS FROM NOW I WILL NO LONGER QUALIFY BECAUSE I WILL BE UNDER THEIR (18) MONTH POLICY. THEY SAY YOU MUST HAVE AT LEAST (18) MONTHS LEFT ON YOUR SENTENCE BECAUSE THE TREATMENT TAKES (12) MONTHS AND (6) MONTHS TO GET OUT OF YOUR SYSTEM (THEY WILL NOT RELEASE YOU FROM PRISON WITH THE TREATMENT STILL IN YOUR SYSTEM BECAUSE IT CAN CAUSE BIRTH DEFECTS IN WOMEN IF YOU WERE TO GET A WOMEN PREGNANT) A TOTAL OF (18) MONTHS. SO AS YOU CAN SEE MY WINDOW OF OPPORTUNITY FOR TREATMENT IS NOW — SOON I WILL NO LONGER QUALIFY AND IF I HAVE TO WAIT UNTIL I GET OUT FOR THIS TREATMENT I MAY THEN BE TOO SICK TO HANDLE THE TREATMENT. I AM SO, SO WORRIED ABOUT THIS. WILL YOU PLEASE HELP ME? SINCERELY, James Lynch



SUPPORTING  
DOCUMENT #10



PRISON LAW OFFICE

General Delivery, San Quentin, CA 94964-0001  
Telephone (510) 280-2621 • Fax (510) 280-2704  
www.prisonlaw.com

Director:  
Donald Specter

Managing Attorney:  
Sara Norman

Staff Attorneys:  
Rana Anabtawi  
Rebekah Evenson  
Steven Fama  
Penny Godbold  
Megan Hagler  
Alison Hardy  
Corene Kendrick  
Kelly Knapp  
Millard Murphy  
Lynn Wu

MEMORANDUM

To: Chris Swanberg/Receiver's Office of Legal Affairs  
From: Alison Hardy/FS  
Date: 11/26/2012  
Re: Plata 3 – Individual Inmate Exhausted Medical Concern – Request for Review

James Lynch, AK-8066, CMC

Region 4

Mr. Lynch has exhausted his administrative remedies. In a letter we received on 11/14/12, Mr. Lynch writes that he has Hepatitis C (genotype 1a), with stage 3 cirrhosis and very high ALT levels. He has been referred by his Primary Care Physician for treatment with Boceprevir and writes that approval of treatment by Headquarters has been pending for months.

A First Level Responses dated 9/12/12 denies Mr. Lynch's request to be seen by a liver specialist and partially grants his request for Boceprevir by stating that approval for the treatment is pending notification from Sacramento. Mr. Lynch appealed the decision, requesting to know the time frame for Headquarters' response and the appeal was inappropriately cancelled on 10/23 stating that his request had changed from the original appeal and that he should ask his PCP about the time frame.

Please respond to the following:

1. According to the HCV Care Guide, the CCHCS HCV Central Oversight Committee is supposed to respond to treatment applications within 10 working days. When will Mr. Lynch receive a response regarding treatment with Boceprevir? Please explain the delay.

2. What is the current treatment plan for Mr. Lynch's cirrhosis while the decision in Sacramento is pending?

Board of Directors

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**MEDICAL PROGRESS NOTE**

NAME: LYNCH, JAMES	CDCR#: AK8066	DATE OF SERVICE: 11/27/2012
DATE OF BIRTH: 07/30/1966	HOUSING: E 010 1000028L	PAROLE DATE:

TIME: 10:00 a.m.

**SUBJECTIVE:** Followup of patient who had a spermatocectomy. The scrotal pain has now resolved. He denies any complaints at the present time. We are still waiting for his appointment to see the infectious disease specialist Dr. Park for his hepatitis C treatment. We are waiting approval of new drug. His is really concerned that his liver function tests went up when he had the spermatocectomy because he was taking NSAIDS as well as morphine and tramadol but now he he stopped taking all pain medications. He has no other complaints at the present time.

**ALLERGIES:**

**OBJECTIVE: VITAL SIGNS:** Blood pressure 123/79, heart rate 89, temperature 96.6, respiratory rate 16, pulse oximetry 98% on room air. Height 6 feet 1 inch, 247 pounds. Body mass index 32. **ABDOMEN:** Soft, nontender. Genital examination not done.

**ASSESSMENT:**

1. Status post spermatocectomy, improved.
2. Hepatitis C genotype 1 Stage 3 fibrosis awaiting treatment.

**PLAN:**

1. LFTs were ordered because he is demanding that LFTs to be repeated again. He is really anxious about this matter.
2. Await for hepatitis C treatment. Otherwise his followup will be in 2-3 months.

**EFFECTIVE COMMUNICATION:** Obtained.

**FOLLOWUP:** As above.

**X** csg

Camilo Guiang, MD  
Digitally authenticated on 12/6/2012 3:42 PM

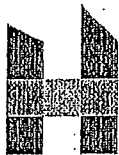
CG/sg D: 11/27/2012 03:19:00 pm

T: 12/06/2012 12:25:03 pm

Job #: 591138

SUPPORTING  
DOCUMENT 12

PAGE 1 OF 2

CALIFORNIA CORRECTIONAL  
HEALTH CARE SERVICES

## MEMORANDUM

Date : December 12, 2012

To : Receiver's Office of Legal Affairs

Attn : Chris Swanberg

Subject : PRISON LAW OFFICE REQUESTS FOR REVIEW OF PLATA INMATE  
CONCERNS RELATING TO INMATE JAMES LYNCH, AK-8066

Pursuant to the Stipulation for Injunctive Relief agreed to *in re Plata v. Brown*, the Chief Medical Executive at the California Men's Colony (CMC) provided the following information in response to the questions asked by Alison Hardy of the Prison Law Office.

1. According to the HCV Care Guide, the CCHCS HCV Central Oversight Committee is supposed to respond to treatment applications within 10 working days. When will Mr. Lynch receive a response regarding treatment with Boceprevir? Please explain the delay.  
*On November 13, 2012, Mr. Lynch was formally evaluated by Dr. Park for consideration of HCV genotype 1 treatment with Boceprevir. An HCV Treatment Authorization was submitted to Headquarters on November 20, 2012. CMC received authorization to start Mr. Lynch on Boceprevir on November 27, 2012.*
2. What is the current treatment plan for Mr. Lynch's cirrhosis while the decision in Sacramento is pending?  
*See the response to question #1.*

Thank you for your assistance in this matter. Please contact me if you have any questions.

J. SMITH, SSM I  
Litigation Support Unit  
Policy and Risk Management Services  
California Correctional Health Care Services

SUPPORTING #12 PAGE 2 OF 2  
DOCUMENT

## MEMORANDUM

Page 2

Mr. Chris Swanberg  
Re: James Lynch, AK-8066

---

cc: Kyle Lewis, Deputy Attorney General/CDCR Health Care (By E-Mail)  
Thomas Gilevich, Assistant Chief Counsel, CDCR Office of Legal Affairs (By E-Mail)  
Jennifer Schwartz, Staff Counsel, CDCR Office of Legal Affairs (By E-Mail)  
Alison Hardy, Prison Law Office (By E-Mail)  
David Ralston, M.D., Chief Medical Executive, CMC (By E-Mail)

SUPPORTING DOCUMENT #13

MEDICAL PROGRESS NOTE

NAME: LYNCH, JAMES	CDCR#: AK8066	DATE OF SERVICE: 01/16/2013
DATE OF BIRTH: 07/30/1966	HOUSING: E 010 1000028L	PAROLE DATE:

TIME:

PROBLEM LIST:

1. Hepatitis C.
2. Hydrocele.
3. Dermatitis.
4. Degenerative joint disease right shoulder.

CHIEF COMPLAINT: Hepatitis genotype 1.

SUBJECTIVE: The patient had a liver biopsy June 2012 showing inflammation 2/4 and fibrosis 3/4. He has been applying for the hepatitis C treatment. His model for endstage liver disease (MELD) score is 9 as of August 2012. His Child-Pugh score is 5 in August 2012 also. A review of the chart shows that all pertinent data was submitted to the hepatitis C management committee and the case was approved for treatment with triple drug therapy including boceprevir. This institution has not yet begun giving that medication so even though the patient is approved he has not yet received any doses.

ALLERGIES: CODEINE.

OBJECTIVE: Alert. Coherent.

ASSESSMENT: Hepatitis C type 1.

PLAN: The plan will be to treat when the treatment becomes available. In the interim we will monitor the liver including periodic US liver.

EDUCATION: Education was given to the patient about the treatment protocols here.

FOLLOWUP: He is already scheduled for repeat visit. April 2013.

X duncan

Douglas Duncan, MD

Digitally authenticated on 1/17/2013 3:36 PM

DD/vbbD: 01/16/2013 11:53:00 am

T: 01/17/2013 11:54:46 am

Job #: 627438

SUPPORTING  
DOCUMENTS # 14

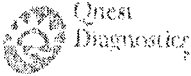
Date Specimen Required:	RE-OCCURRING	Last Name: LYNCH	First Name: JAMES
Note: Adjust collections to fall on M-Th closest to the specified date. No collections on Fri.		Patient No. AK8066	Date of Birth: 7/30/1966
		Physician: TAYLOR	Order Date: 1/22/2013
		Requisition prepared by: JT	Housing: 10-28L
<b>HCV PROTOCOL--48 WEEK (Boceprevir) 1st Dose = 2/1/13</b>			
01/31/13 Bs-1,2,3,4,5 DONE	05/23/13 W16-2,3,4	10/14/13 W36-2,3,4	11/10/14 W96-1
02/14/13 W2-2,3	06/20/13 W20-2,3,4	11/12/13 W40-2,3,4	
03/04/13 W4-1,2,3,4	07/22/13 W24-1,2,3,4,5	12/09/13 W44-2,3,4	
04/01/13 W8-1,2,3,4	08/19/13 W28-2,3,4	01/06/14 W48-1,2,3,4,5	
04/29/13 W12-1,2,3,4,5	09/16/13 W32-2,3,4	06/23/14 W72-1	

California Men's Colony, P.O. Box 8761, San Luis Obispo, CA 93406, K. Lundquist, MD, Laboratory Director (805)547-7550

Test codes: 1-PCR 2-CBC 3-LFT 4-Crea 5-TSH

The Patient will be ducated to CMC Lab according to the above schedule





SUPPORTING  
DOCUMENT #15

Report Status: Final  
LYNCH, JAMES

Patient Information	Specimen Information	Client Information
LYNCH, JAMES DOB: 07/30/1966 AGE: 45 Gender: M Phone: 805.547.7900 Patient ID: AK8066	Specimen: EN619843Y Requisition: 0019744  Collected: 07/11/2012 / 11:10 PDT Received: 07/12/2012 / 04:39 PDT Reported: 07/14/2012 / 14:10 PDT	Client #: 93409001 MAIL0000 GUIANG, CAMILO CALIFORNIA MEN'S COLONY HWY 1 N SAN LUIS OBISPO, CA 93409-0001

Ward: WEST

Test Name	In Range	Out Of Range	Reference Range	Lab
COMPREHENSIVE METABOLIC PANEL				EN
GLUCOSE	91		65-99 mg/dL	
			Fasting reference interval	
UREA NITROGEN (BUN)	13		7-25 mg/dL	
CREATININE	0.73		0.60-1.35 mg/dL	
eGFR NON-AFR. AMERICAN	112		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	130		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	143		135-146 mmol/L	
POTASSIUM	4.4		3.5-5.3 mmol/L	
CHLORIDE		112 H	98-110 mmol/L	
CARBON DIOXIDE		18 L	21-33 mmol/L	
CALCIUM	9.5		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.2		6.2-8.3 g/dL	
ALBUMIN	4.4		3.6-5.1 g/dL	
GLOBULIN	2.8		2.1-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.6		1.0-2.1 (calc)	
BILIRUBIN, TOTAL	1.1		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	64		40-115 U/L	
AST		77 H	10-40 U/L	
ALT		186 H	9-60 U/L	
IRON AND TOTAL IRON BINDING CAPACITY				EN
IRON, TOTAL		183 H	45-170 mcg/dL	
IRON BINDING CAPACITY	260		250-425 mcg/dL	
% SATURATION		70 H	20-50 % (calc)	
FERRITIN	220		20-380 ng/mL	EN
ANA IFA SCREEN W/REFL TO TITER AND PATTERN, IFA				EN
ANA SCREEN, IFA		POSITIVE	NEGATIVE	
ANTINUCLEAR ANTIBODIES TITER AND PATTERN				EN
ANA PATTERN		NUCLEOLAR		
ANA TITER		1:80 H	titer	
	Reference Range			
	<1:40	Negative		
	1:40-1:80	Low Antibody Level		
	>1:80	Elevated Antibody Level		
RHEUMATOID FACTOR		18 H	<14 IU/mL	EN
ALPHA FETOPROTEIN, TUMOR MARKER	2.3		<6.1 ng/mL	EN

This test was performed using the Siemens (DPC) chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. AFP levels, regardless of value, should not be interpreted as absolute

JUL 16 2012

CLIENT SERVICES: 866.697.8378

SPECIMEN: EN619843Y

PAGE 1 OF 2

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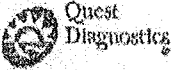
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FEB-04-2013 MON 02:55 PM

EAST CLINIC

FAX No. 4585

P. 001/004



**SUPPORTING DOCUMENT #16**

Report Status: Final  
LYNCH, JAMES

Patient Information	Specimen Information	Client Information
<b>LYNCH, JAMES</b>  <b>DOB: 07/30/1966 AGE: 46</b> <b>Gender: M</b> <b>Phone: 805.547.7900</b> <b>Patient ID: AK8066</b> <b>Health ID: 8573007184023831</b>	<b>Specimen: EN076780H</b> <b>Requisition: 0030448</b>  <b>Collected: 01/31/2013 / 10:40 PST</b> <b>Received: 02/01/2013 / 01:27 PST</b> <b>Reported: 02/01/2013 / 06:31 PST</b>	<b>Client #: 93409001 MAIL0000</b> <b>TAYLOR, DENISE B</b> <b>CALIFORNIA MEN'S COLONY</b> <b>HWY 1 N</b> <b>SAN LUIS OBISPO, CA 93409-0001</b>

Ward:	WEST			
Test Name	In Range	Out Of Range	Reference Range	Lab
CREATININE	0.84		0.60-1.35 mg/dL	EN
eGFR NON-AFR. AMERICAN	105		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	122		> OR = 60 mL/min/1.73m2	
HEPATIC FUNCTION PANEL				EN
PROTEIN, TOTAL	7.6		6.1-8.1 g/dL	
ALBUMIN	4.6		3.6-5.1 g/dL	
GLOBULIN	3.0		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	1.5		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.7		0.2-1.2 mg/dL	
BILIRUBIN, DIRECT	0.2		< OR = 0.2 mg/dL	
BILIRUBIN, INDIRECT	0.5		0.2-1.2 mg/dL (calc)	
ALKALINE PHOSPHATASE	68		40-115 U/L	
AST		141 H	10-40 U/L	
ALT		340 H	9-60 U/L	
TSH	1.05		0.40-4.50 mIU/L	EN
CBC (INCLUDES DIFF/PLT)				EN
WHITE BLOOD CELL COUNT	4.5		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	4.66		4.20-5.80 Million/uL	
HEMOGLOBIN	15.4		13.2-17.1 g/dL	
HEMATOCRIT	47.2		38.5-50.0 %	
MCV		101.3 H	80.0-100.0 fL	
MCH	33.0		27.0-33.0 pg	
MCHC	32.6		32.0-36.0 g/dL	
RDW	13.9		11.0-15.0 %	
PLATELET COUNT	150		140-400 Thousand/uL	
ABSOLUTE NEUTROPHILS	2417		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	1310		850-3900 cells/uL	
ABSOLUTE MONOCYTES	666		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	90		15-500 cells/uL	
ABSOLUTE BASOPHILS	18		0-200 cells/uL	
NEUTROPHILS	53.7		%	
LYMPHOCYTES	29.1		%	
MONOCYTES	14.8		%	
EOSINOPHILS	2.0		%	
BASOPHILS	0.4		%	

## PERFORMING SITE:

EN QUEST DIAGNOSTICS, WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226 Laboratory Director: LEE H. HILBORNE, MD, CLIA: 05D0642627

2/2/13 0:00

To: DR DUNCAN

by Judy Creedon, CLS

CS  
CAMILO S  
GUIANG  
2/6/13

CLIENT SERVICES: 866.697.8378

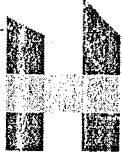
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PAGE 1 OF 1

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# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Date: 8/3/2012

To: LYNCH, JAMES (AK8066)  
E 010 1000028L  
California Men's Colony  
P.O. Box 8101  
San Luis Obispo, CA 93409-8101

APPEAL

Tracking/Log #: CMC HC 12045733

Your appeal is being rejected and returned to you for the following reason(s): Rejection

**Anticipated Action:** CCR, Title 15, Section 3084.6(b)(1), "The appeal concerns an anticipated action or decision." Your appeal dated 7/30/12 is being returned as you cannot appeal something you haven't been denied and you have not been denied treatment or referral to a specialist. Notes in your eUHR on 7/30/12 state the following. Refer back to infectious disease specialist to begin treatment. This is pending and you cannot appeal for a more expedited appointment date.

You are encouraged to address further medical issues or concerns via Health Care Services Request form 7362.

This screening action may not be appealed unless you allege that the above reason(s) is inaccurate. In such case, return this form and your appeal to the Health Care Appeals Office with the necessary information.

Raught, P.  
Health Care Appeals Coordinator  
Health Care Appeals Office  
California Men's Colony

ATTENTION! RAUGHT, P

Received

AUG 16 2012

Health Care Appeals

DEAR SIR, THIS IS NOT AN ANTICIPATED ACTION  
I WAS SEEN BY MY P.C.P DR GUIANG APPROXIMATELY THE 2ND  
WEEK OF JULY REGARDING BEING SENT TO SEE THE SPECIALIST  
HE SAID "I'M NOT SENDING YOU TO SEE A SPECIALIST GO AHEAD AND GO  
IF YOU WANT." HE DENIED ME RIGHT THEN AND THERE. AND  
ACCORDING TO NURSE URBAN FROM INFECTIOUS DISEASE THERE IS  
CERTAIN PAPERWORK HE HAS TO FILL OUT AND SEND TO INFECTIOUS  
DISEASE IN ORDER TO GET THE BALL ROLLING WHICH SHE SAYS HE  
HASNT DONE- THANK YOU! \* PLEASE SEE ADDITIONAL SHEET MARK (1A)

**Note:**

Be advised that you cannot appeal a rejected appeal, but you can appeal the anticipated action necessary and resubmit the appeal within the timeframes, 30 calendar days as specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

\*\*\*PERMANENT APPEAL ATTACHMENT-DO NOT REMOVE\*\*\*

Received  
NOV 2 2012

Received  
OCT 2 8 2012

BACK  
PAGE

STATE OF CALIFORNIA  
INMATE/PAROLEE APPEAL FORM ATTACHMENT  
CDCR 602-A (08/09)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

Side 1

IAB USE ONLY

Institution/Parole Region:

Log #:

Category:

CMC HC

12046733

8

FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First):	CDC Number:	Unit/Cell Number:	Assignment:
LYNCH, JAMES	AK8066	F-18-28 Lm	UNASSIGNED

A. Continuation of CDCR 602, Section A only (Explain your issue):

I HAVE STAGE (3) FIBROSIS AND NECROINFLAMMATORY ACTIVITY GRADED AT (2) MY VIRAL LOAD IS (3) MILLION AND I HAVE GENOTYPE 1a. THE DOCTOR TOLD ME (DOCTOR GUIANG) THAT HE WASNABLE TO TELL ME ONE WAY OR ANOTHER WHETHER I'LL BE OFFERED TREATMENT BECAUSE I HAVE GENOTYPE 1a AND THAT THE TREATMENT WAS ONLY A 29% SUCCESS RATE, BUT THAT THERE WAS A "NEW" IMPROVED TREATMENT COMING OUT THAT HAS ALREADY BEEN APPROVED BY THE FDA. BUT SACRAMENTO CDCR HASNT YET APPROVED.

I AM ALREADY AT STAGE (3) AND ALTHOUGH IT IS NOT CLEAR HOW LONG TILL I HIT STAGE (4) I DONT WANT TO WAIT ANY LONGER FOR TREATMENT — MY SCARRING ACTIVITY LEVEL IS GRADED AT (2) 5 — I CANT WAIT ANY LONGER TO GET THE VIRAL LOAD DOWN. I AM ALREADY EXPERIENCING SYMPTOMS BLOD BLISTERS AND ADEMA AND MY PRO-TIME IS 14.3

IF I HAVE BEEN REFERRED FOR TREATMENT WHEN WILL MY TREATMENT START? IF I HAVE NOT BEEN REFERRED FOR TREATMENT, WHY NOT?

Inmate/Parolee Signature:

James Lynch

Date Submitted:

7-28-12

THANK YOU!

Received

AUG 3 2012

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AUG 16 2012

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Received

NOV 2 2012

Health Care Appeals

B. Continuation of CDCR 602, Section B only (Action requested):

I AM REQUESTING TO SEE A LIVER SPECIALIST WITHIN A REASONABLE TIME FRAME I HAVE BEEN PATIENT AND HAVE REQUESTED THROUGH MY PRIMARY CARE DOCTOR (GUIANG) BUT DENIED. I AM ALSO REQUESTING TREATMENT WHICH I HAVE NOT BEEN OFFER. I DO NOT WANT TO WAIT ANY LONGER FOR TREATMENT. I WOULD RATHER TAKE THE TREATMENT "NOW" AVAILABLE THAN TO WAIT FOR THE "NEW" TREATMENT THAT MAY OR MAY NOT COME. I HAVE 2 1/2 YEARS LEFT UNTIL I AM RELEASED. IF I WAIT MUCH LONGER THEN I WILL NOT MEET THE GUIDELINES SET FOR HOW MUCH TIME YOU MUST HAVE LEFT ON YOUR SENTENCE TO RECEIVE TREATMENT. IT MAKES NO SENSE TO WAIT. I'VE WAITED TOO LONG ALREADY AND NOW I'M AT STAGE (3) PLEASE START TREATMENT!

Inmate/Parolee Signature:

James Lynch

Date Submitted:

7-28-12 THANKS!



D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response): \_\_\_\_\_

Lined area for handwritten response to Section D.

Inmate/Parolee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response): \_\_\_\_\_

Lined area for handwritten response to Section F.

Inmate/Parolee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS AND REHABILITATION

## PATIENT/INMATE HEALTH CARE APPEAL

CDCR 602 HC (REV. 04/11)

Side 1

## STAFF USE ONLY

Emergency Appeal

☐ Yes☐ No

Institution:

Log #:

Category:

CMC HC

12045733

8

Signature:

Date:

FOR STAFF USE ONLY

You may appeal any California Prison Health Care Services (CPHCS) decision, action, condition, omission, policy or regulation that has a material adverse effect upon your welfare. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Health Care Appeals Coordinator (HCAC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY.

Name (Last, First):

LYNCH JAMES

CDC Number:

AK8066

Unit/Cell Number:

E-10-2824

Assignment:

State briefly the subject/purpose of your appeal (Example: Medication, To See Specialist, etc.):

I NEED TO SEE A LIVER SPECIALIST.

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): I HAVE BEEN DIAGNOSED WITH STAGE ③ LIVER FIBROSIS. I REQUESTED THROUGH MY PRIMARY CARE DR. - GUING THAT I SEE A LIVER SPECIALIST AND WAS DENIED. PLEASE SEE ADDITIONAL 602-A

B. Action requested (If you need more space, use Section B of the CDCR 602-A): I AM ONCE AGAIN REQUESTING TO SEE A LIVER SPECIALIST AND AN APPOINTMENT TO BE SET WITHIN A REASONABLE TIMEFRAME. ALSO I WANT TO START TREATMENT A.S.A.P. \*PLEASE SEE ADDITIONAL 602-A

☐ Supporting Documents: Refer to CCR 3084.3.

List supporting documents attached (e.g. Trust Account Statement; CDCR 7410, Comprehensive Accommodation Chrono; CDCR 7362, Request for Health Care Services; etc.):

CDCR 7362 (1875772, 1892712, 1875770)  
CDCR 22

☐ No, I have not attached any supporting documents. Reason:

Patient/Inmate Signature:

Date Submitted: 7.30.12

By placing my initials in this box, I waive my right to receive an interview.

## C. First Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached? ☒ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.☒ Rejected (See attached letter for instruction): Date: 8/3 Date: Date: Date:☐ Cancelled (See attached letter): Date:☒ Accepted at the First Level of Review

Assigned to: M. Ancona Title: R.N. Date Assigned: 8/16 Date Due: 9/27/12

First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: 8/27/12 Interview Location: West Clinic

Your appeal issue is: ☐ Granted ☐ Granted in part ☐ Denied ☐ Other:

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: M. ANCONA Title: RN Signature: M. Ancona Date completed: 9/19/12

Reviewer: Barber Title: CCR Signature: OSB

(Print Name)

Date received by HCAC: 9/21/12

HCAC Use Only

Date mailed/delivered to appellant: 9/21/12

Received

AUG 3 2012

Health Care Appeals

Received

AUG 16 2012

Health Care Appeals

Received

OCT 23 2012

Health Care Appeals

Received

NOV 2 2012

Health Care Appeals

STATE OF CALIFORNIA

## PATIENT/INMATE APPEAL

CDCR 602 HC (REV. 04/11)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

CMC HC 12045733 Side 2

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Health Care Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

STAFF RESPONSE IS UNACCEPTABLE AS I HAVE NOT BEEN ADVISED OF A TIME LIMIT FOR SACRAMENTOS' PENDING DECISION ON TREATMENT.

Patient/Inmate Signature: James LynnDate Submitted: 10.1.12

## E. Second Level - Staff Use Only

Staff - Check One: Is CDCR 602-A Attached?

☒ Yes ☐ No

This appeal has been:

☐ By-passed at Second Level of Review. Go to Section G.☐ Rejected (See attached letter for instruction): Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_☐ Cancelled (See attached letter): Date: \_\_\_\_\_☒ Accepted at the Second Level of ReviewAssigned to: P. RAUGHT Title: APPEALS COORD Date Assigned: 11/2/12 Date Due: 12-18-12

Second Level Responder: Complete a Second Level response. Include interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Your appeal issue is: ☐ Granted ☒ Granted in part ☐ Denied ☐ Other: \_\_\_\_\_

See attached letter. If dissatisfied with Second Level response, complete Section D.

Interviewer: N/A Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_

(Print Name)

Reviewer: M. Wallace Y.T. Fox Title: CDF-CEO Signature: M. Wallace Y.T. Fox

(Print Name)

Date received by HCAC: 12/4/12

HCAC Use Only

Date mailed/delivered to appellant: 12/4/12

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Office of Third Level Appeals - Health Care, California Prison Health Care Services, P.O. Box 4038, 660 Suite 400, Sacramento, CA 95812-4038. If you need more space, use Section F of the CDCR 602-A.

Patient/Inmate Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

## G. Third Level - Staff Use Only

☐ Rejected (See attached letter for instruction): Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_☐ Cancelled (See attached letter): Date: \_\_\_\_\_☐ Accepted at the Third Level of ReviewYour appeal is ☐ Granted ☐ Granted in part ☐ Denied ☐ Other: \_\_\_\_\_

See attached Third Level response.

Third Level Use Only

Date mailed/delivered to appellant: 1/1/13

Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Patient/Inmate Signature: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

Print Staff Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## Institution Response for First Level HC Appeal

**Date:** 9/12/2012

**To:** LYNCH, JAMES (AK8066)  
E 010 1000028L  
California Men's Colony  
P.O. Box 8101  
San Luis Obispo, CA 93409-8101

**Tracking/Log #:** CMC HC 12045733

### Appeal Issues:

In your CDCR-602HC Inmate/Parolee Health Care Appeal Form received on 8/16/2012, you state you have been diagnosed with stage 3 liver fibrosis. You requested through your Primary Care Provider (PCP) to see a liver specialist and were denied. You state you do not want to wait any longer. You would like to know why you have not been referred for treatment. You are once again requesting to see a liver specialist to start treatment for hepatitis C.

Issue Type	Action Requested
<b>Issue 1:</b> Chronic Diseases ( Liver Disease / Cirrhosis )	Hep C Treatment
<b>Issue 2:</b> Referral ( Liver Specialist )	To see a Liver Specialist

### Interview:

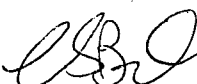
You were interviewed by M. Ancona, Registered Nurse, on 8/27/12 regarding this appeal. During the interview, you were allowed the opportunity to fully explain your appeal issue(s). You did not have any new information to add to your appeal at the time of the interview.

### Response:

A review of your appeal with attachment(s), Unit Health Record (UHR) and all pertinent departmental policies and procedures were reviewed. Your electronic Unit Health Record (eUHR) reflects you were evaluated by the Public Health Physician for infection control. The public health physician is skilled in the treatment and management of diseases involving the liver such as hepatitis C. Based on these criteria, you will not be referred to a liver specialist as there is no medical indication for this. The results of your examination by the infection control doctor recommends request for final approval of treatment with the medication Boceprevir. The information was submitted to Sacramento for the final approval. The physician documented you had verbalized understanding of this treatment plan. You are informed inmates may not demand particular medication or treatment. Treatment is provided on the basis of your current medical needs. You are receiving indicated treatment for your diagnosis. You will be notified of your treatment status once it is received by your doctor.


### Appeal Decision:

Based upon the aforementioned information, your appeal request to be referred to a liver specialist is Denied. Your appeal request to begin treatment of hepatitis C is Partially Granted pending notification from Sacramento. Therefore, your overall appeal request is PARTIALLY GRANTED.

  
C. Barber, MD  
Chief Physician and Surgeon (A)  
California Men's Colony

**Received**

OCT 23 2012

  
Date

**Received**

NOV 2 2012

Health Care Appeals

Health Care Appeals



STATE OF CALIFORNIA  
CDC 7362 (Rev. 03/04)

## HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME JAMES LYNCH CDC NUMBER AK8066 HOUSING E-10-23 LOW

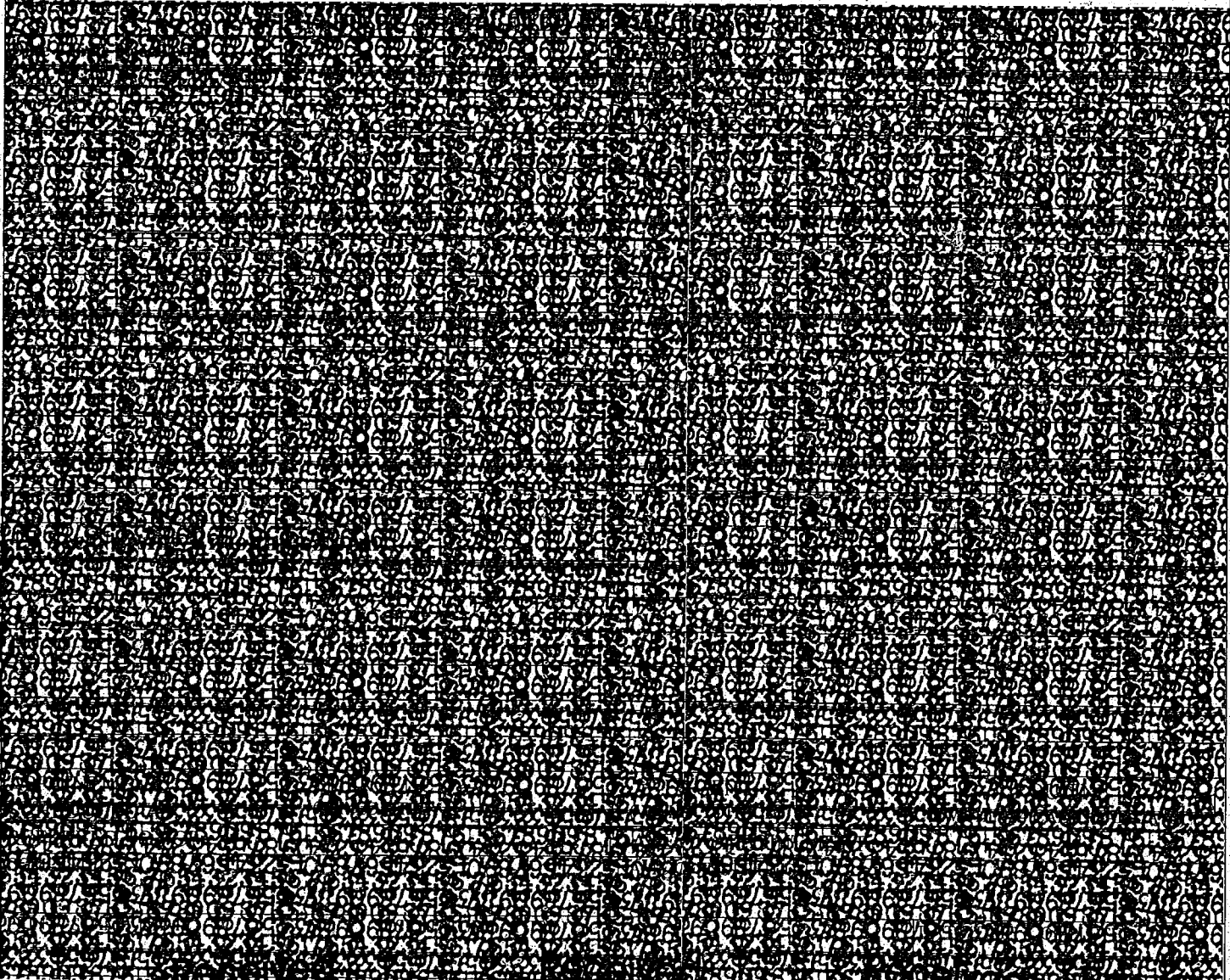
PATIENT SIGNATURE James Lynch DATE 7-11-12

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

I HAVE STAGE (3) LIVER FIBROSIS/CIRRHOSIS. HAVE I BEEN REFERRED FOR TREATMENT? IF, SO WHEN WILL THE TREATMENT START AND IF I HAVEN'T BEEN REFERRED I NEED TO KNOW WHY. THANK YOU FOR YOUR TIME.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

CDC 7362 (Rev. 03/04)

Original - Unit Health Record Yellow - Inmate (if copayment applicable)

Pink - Inmate Trust Office (if copayment applicable)

Gold - Inmate

AUG 3 2012

AUG 16 2012

OCT 23 2012

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1892712

STATE OF CALIFORNIA  
CDC 7362 (Rev. 03/04)

# HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

## PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME: JAMES LYNCH CDC NUMBER: AK8066 HOUSING: E-10-28LOW

PATIENT SIGNATURE: [Signature] DATE: 7.21.12

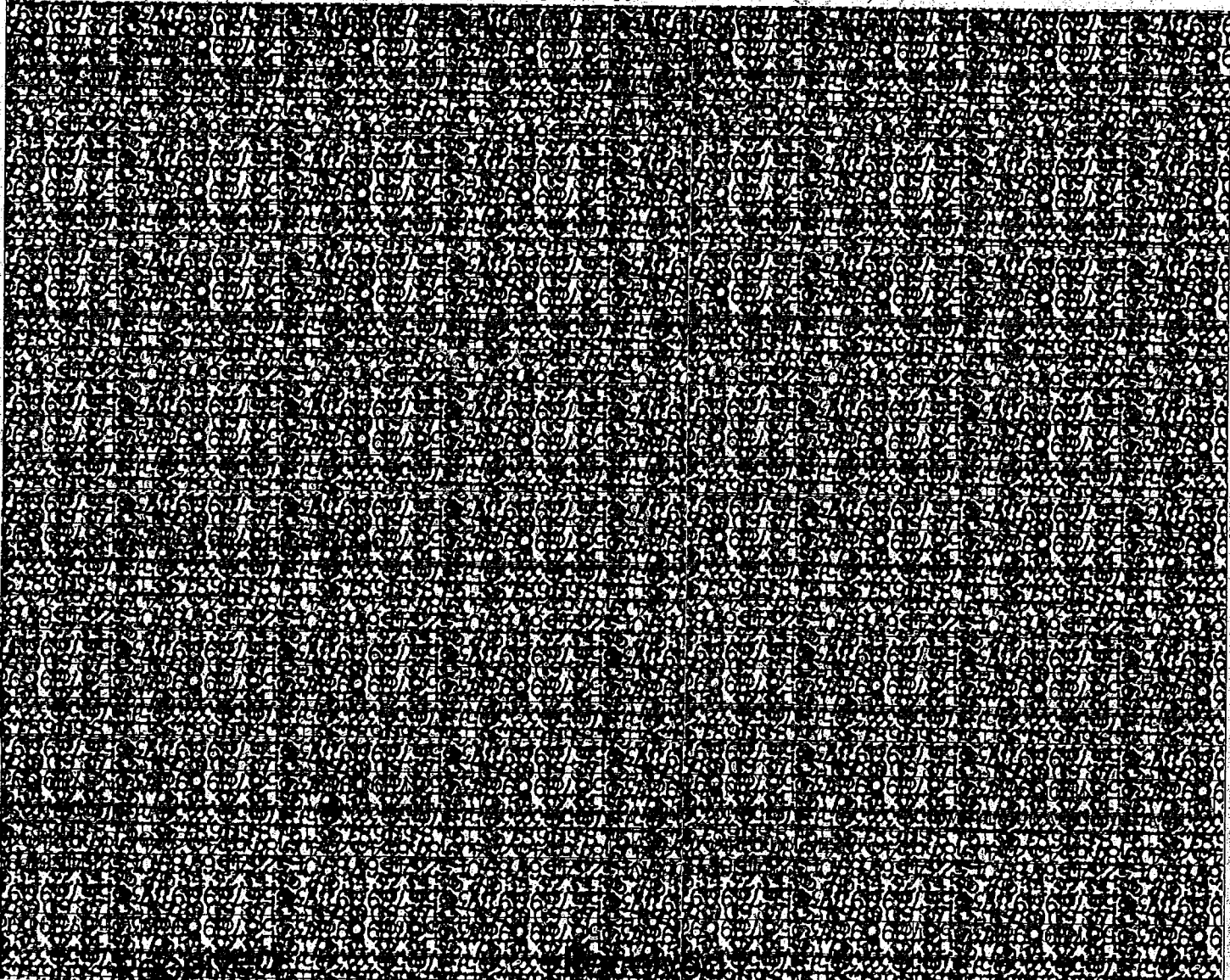
REASON YOU ARE REQUESTING HEALTH CARE SERVICES: (Describe Your Health Problem And How Long You Have Had The Problem)

DOCTORS APPOINTMENT COULD YOU PLEASE TELL ME MY NEXT  
REQUEST TO SEE HIM IF ITS SOON THEN I WOULD NEED TO

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)



OCT 23 2012

NOV 2 2012



STATE OF CALIFORNIA  
CDC 7362 (Rev. 03/04)

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REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME JAMES LYNCH CDC NUMBER AK8066 HOUSING E-10-28L

PATIENT SIGNATURE James Lynch DATE 7.4.12

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

I HAVE RECENTLY LEARNED FROM A LIVER BIOPSY THAT I HAVE STAGE 3 CIRRHOSIS/FIBROSIS. I WISH TO SEE A LIVER SPECIALIST SO THAT I CAN LEARN MORE ABOUT THIS DISEASE AND MY OPTIONS. THANK YOU.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

## PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

CDC 7362 (Rev. 03/04)

Original - Inmate Health Record

Yellow - Inmate (if copayment applied)

Pink - Inmate Trust Office (if copayment applied)

Gold - Inmate

Health Care Appeals

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SECTION A: INMATE/PAROLEE REQUEST

ATTENTION C. BARBER M.D. CHIEF PHYSICIAN

NAME (Print): (LAST NAME)	(FIRST NAME)	CDC NUMBER:	SIGNATURE:
LYNCH	JAMES	AK8066	[Signature]
HOUSING/BED NUMBER:	ASSIGNMENT:	HOURS FROM / TO	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):
E-10-28 LOW	UNASSIGNED	11 / 4	LIVER FIBROSIS

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

I HAVE STAGE ③ LIVER FIBROSIS AND NECROINFLAMMATORY ACTIVITY GRADED AT LEVEL ② AND HAVE ③ MILLION VIRAL LOAD AND GENOTYPE 1A. THE DOCTOR TOLD ME HE WASN'T ABLE TO TELL ME ONE WAY OR THE OTHER IF I'LL BE OFFERED TREATMENT. THAT THE TREATMENT THEY HAVE IS ONLY 20% SUCCESS RATE, BUT THERE MAY BE A "NEW" TREATMENT AVAILABLE DOWN THE ROAD WITH A HIGHER SUCCESS RATE. I DON'T WANT TO WAIT FOR THE NEW TREATMENT WHICH MAY OR MAY NOT BE AVAILABLE. I WANT THE TREATMENT THAT'S AVAILABLE NOW. I'M ALREADY AT STAGE ③ & DON'T WANT TO WAIT ANY LONGER. PLEASE OFFER ME TREATMENT. I WOULD LIKE TO SEE A LIVER SPECIALIST ALSO SO THAT I CAN BETTER UNDERSTAND MY OPTION.

METHOD OF DELIVERY (CHECK APPROPRIATE BOX) \*\*NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED\*\*

<input type="checkbox"/> SENT THROUGH MAIL: ADDRESSED TO: CHIEF PHYSICIAN C. BARBER M.D.	DATE MAILED: / /
<input type="checkbox"/> DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):	

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF?
10 JOURNAL	7-27-12	[Signature]	(CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM:		DATE DELIVERED/MAILED:	METHOD OF DELIVERY:
			(CIRCLE ONE) IN PERSON BY US MAIL

SECTION B: STAFF RESPONSE

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:

Please use correct form and re-submit your request.

SECTION C: REQUEST FOR SUPERVISOR REVIEW

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL GOLDENROD COPY.

SIGNATURE:	DATE SUBMITTED:

SECTION D: SUPERVISOR'S REVIEW

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:

Received  
AUG 3 2012

Received  
AUG 16 2012

Received  
NOV 2 2012

Received  
OCT 23 2012

Health Care Appeals

Health Care Appeals

Health Care Appeals



August 14<sup>th</sup> 2012

DEAR SIR,

I DON'T WANT TO MAKE EXTRA WORK FOR ANYONE. I'M JUST CONCERNED FOR MY HEALTH AND I WANT TO MAKE CERTAIN I'M HEADED IN THE RIGHT DIRECTION. YOU SAY I HAVEN'T BEEN DENIED TREATMENT, OKAY, BUT I HAVEN'T BEEN GRANTED EITHER AND WHILE I KNOW THESE THINGS TAKE TIME — WHEN I SAW AND SPOKE WITH THE INFECTIOUS DISEASE NURSE URBAN TODAY SHE SAID THAT MY DOCTOR (GUANG) HASN'T FILLED OUT THE PROPER PAPERWORK TO EVEN GET THIS THING STARTED. I ASKED HER WHAT PAPERWORK AND SHE SAID "HE KNOWS WHAT PAPERWORK" SO UNTIL THAT IS DONE INFECTIOUS DISEASE CAN'T GO FURTHER. ALSO DR GUANG TOLD ME "I'M NOT SENDING YOU TO SEE A LIVER SPECIALIST" IF I HAVEN'T BEEN DENIED TO SEE A SPECIALIST THEN WHY HAS HE TOLD ME THAT? AND IF I HAVE BEEN REFERRED DO I HAVE AN APPOINTMENT DATE SET?

I'M ALREADY AT STAGE (3) AND DR DUNCAN SAID I DO HAVE CIRRHOSIS SO I DON'T HAVE TIME TO WASTE. I AM VERY WORRIED ABOUT THIS AND I JUST WANT TO MAKE CERTAIN THAT THINGS ARE AT LEAST MOVING IN THE RIGHT DIRECTION. DR GUANG HAS DENIED ME TO SEE A LIVER SPECIALIST AND I HAVE THIS LIFE THREATENING DISEASE THAT IS NOT RIGHT!

~~THANK YOU VERY MUCH FOR YOUR TIME~~ THANK YOU!!

Sincerely, Jennifer L. Lym

VERY MUCH FOR  
YOUR TIME

Received

AUG 16 2012

Health Care Appeals

Received

OCT 23 2012

Health Care Appeals

Received

NOV 2 2012

Health Care Appeals



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



Date: 10/23/2012

To: LYNCH, JAMES (AK8066)  
E 010 1000028L  
California Men's Colony  
P.O. Box 8101  
San Luis Obispo, CA 93409-8101

Received

NOV 2 2012

Health Care Appeals

Tracking/Log #: CMC HC 12045733

Your appeal is being cancelled and returned to you for the following reason(s):

**Time Constraint: Level to Level:** CCR, Title 15, 3084.6(c)(4) states, "Time limits for submitting the appeal are exceeded even though the inmate or parolee had the opportunity to submit within the prescribed time constraints."

In addition, you changed your requested action from referral and treatment to a request for information regarding what are the treatment timeframes. This is not known. The final decision will come from Sacramento. Your physician should be able to update you on the status. You are encouraged to address this concern with your Primary Care Physician by submitting a Health Care Services Request Form 7362.

This screening action may not be appealed unless you allege that the above reason(s) is inaccurate. In such case, return this form and your appeal to the Health Care Appeals Office with the necessary information.

Raught, P.

Raught, P  
HealthCare Appeals Coordinator  
Health Care Appeals Office  
California Men's Colony

DEAR HEALTH CARE APPEALS COORDINATOR RAUGHT

TODAY I SAW MY P.C.P (DOCTOR GUANG) AND INFORMED  
OF MY CONCERN ABOUT TREATMENT AND WHEN IT WILL START.

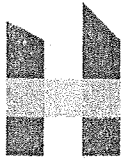
I ASKED HIM HOW LONG SACRAMENTO HAD TO DECIDE FOR FINAL APPROVAL  
HE SAID THAT HE DID NOT KNOW, BUT THAT THIS HAS BEEN GOING ON FOR ABOUT  
SIX MONTHS — WITH EACH PASSING MONTH THE NEW TREATMENT WOULD BE  
APPROVED AND EACH MONTH TO NO AVAIL — ONLY TO HEAR RUMORS OF  
MAYBE NEXT MONTH. HE ENCOURAGED ME TO 'GOZ' MY SITUATION AND THAT  
WE WAS AT A LOSS IN HELPING ME ANY FURTHER. JEEZ, EVERYONE SAYS I  
NEED THE MEDICATION BUT NO ONE KNOWS WHEN I'LL GET IT OR EVEN IF I'LL EVER  
GET IT. I'M VERY CONCERNED AND DON'T KNOW WHO TO TURN TO.

\* ALSO MY TIME LIMITS FOR SUBMITTING THE APPEAL ON THE FIRST LEVEL  
RESPONSE WERE NOT EXCEEDED INSITUATION FIRST LEVEL RESPONSE WAS 9.12.2012  
I SUBMITTED THAT I WAS DISSATISFIED ON 10.1.2012 (ONLY 19 DAYS)

Note:

Be advised that you cannot appeal a rejected appeal, but should take the corrective action necessary and resubmit the appeal within the timeframes, 30 calendar days as specified in CCR 3084.6(a) and CCR 3084.8(b). Pursuant to CCR 3084.6(e), once an appeal has been cancelled, that appeal may not be resubmitted. However, a separate appeal can be filed on the cancellation decision. The original appeal may only be resubmitted if the appeal on the cancellation is granted.

\*\*\*PERMANENT APPEAL ATTACHMENT-DO NOT REMOVE\*\*\*



# CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



## Institution Response for Second Level HC Appeal

**Date:** 11/29/2012

**To:** LYNCH, JAMES (AK8066)  
E 010 1000028L  
California Men's Colony  
P.O. Box 8101  
San Luis Obispo, CA 93409-8101

**Tracking/Log #:** CMC HC 12045733

### Appeal Issues:

In your CDCR-602HC Inmate/Parolee Health Care Appeal Form received on 8/16/2012, you state you have been diagnosed with stage 3 liver fibrosis. You requested through your Primary Care Provider (PCP) to see a liver specialist and were denied. You state you do not want to wait any longer. You would like to know why you have not been referred for treatment. You are once again requesting to see a liver specialist to start treatment for hepatitis C.

Issue Type	Action Requested
<b>Issue 1:</b> Chronic Diseases ( Liver Disease / Cirrhosis )	Hep C Treatment
<b>Issue 2:</b> Referral ( Liver Specialist )	To see a Liver Specialist

### Interview:

You were interviewed by M. Ancona, Registered Nurse, on 8/27/12 regarding this appeal. During the interview, you were allowed the opportunity to fully explain your appeal issue(s). You did not have any new information to add to your appeal at the time of the interview.

### Response:

A review of your appeal with attachment(s), Unit Health Record (UHR) and all pertinent departmental policies and procedures were reviewed. Your electronic Unit Health Record (eUHR) reflects you were evaluated by the Public Health Physician for infection control. The public health physician is skilled in the treatment and management of diseases involving the liver such as hepatitis C. Based on these criteria, you will not be referred to a liver specialist, as there is no medical indication for this. The results of your examination by the infection control doctor recommends request for final approval of treatment with the medication Boceprevir. The information was submitted to Sacramento for the final approval. The physician documented you had verbalized understanding of this treatment plan. You are informed inmates may not demand particular medication or treatment. Treatment is provided on the basis of your current medical needs. You are receiving indicated treatment for your diagnosis. You will be notified of your treatment status once it is received by your doctor.

### First Level Appeal Decision:

Based upon the aforementioned information, your appeal request to be referred to a liver specialist is Denied. Your appeal request to begin treatment of hepatitis C is Partially Granted pending notification from Sacramento. Therefore, your overall appeal request is PARTIALLY GRANTED.

You returned your appeal requesting a second level review dated 10/1/12 in section D. You expressed your dissatisfaction with the staffs' response at the first level and state that you have not been advised of the time limit for Sacramento's decision regarding treatment.



Your appeal was received in the health care appeals office on 10/23/12, at which time it was cancelled for exceeding time constraints as well as changing the requested action. You were informed on the cancellation notice to discuss this issue with your Primary Care Physician, as they are the appropriate staff to discuss complete and current information concerning your diagnosis and treatment. You returned the cancellation notice at which time you state that you saw your Primary Care Physician regarding this request and were told that he did not know when Sacramento would make a decision or the timeframes for a decision. You also disputed the time constraint rule, and as a result, your appeal was assigned for second level review.

At the second level of review, your request for information is granted.

With the Federal Drug Administration (FDA) approval of new treatment for Hepatitis C, California Correctional Health Care Services (CCHCS) recently completed revisions to policies and procedures regarding HepC management and established the Hepatitis C oversight committee who is tasked with determining eligibility for treatment and monitoring the treatment of patients in the California Department of Corrections & Rehabilitation. These policies and procedures were implemented on 10/2/12.

As outlined in the California Correctional Health Care Services Care Guide: Hepatitis C, determination of eligibility for treatment is based on the patient-inmates HCV genotype, extent of disease (stage of fibrosis on biopsy) overall health status, custody factors such as time remaining on sentence, and other factors which contribute to the success or failure of treatment. With the establishment of the oversight committee, treatment authorization requests and the liver biopsy report must be sent to the oversight committee for determination of treatment eligibility. All of the forms to request approval, and the process, changed and as a result, your request for treatment authorization had to be re-submitted. Your treatment authorization form 7413 A&B was re-submitted on 11/13/12. The oversight committee has 14 calendar days to respond to requests and contact the institution. You are encouraged to address further concerns regarding this issue with your physician.

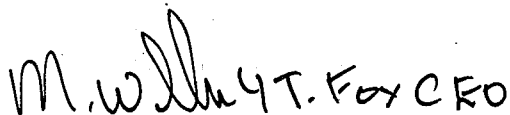
**Second Level Appeal Decision:**

Your appeal at the Second Level of review is therefore, **PARTIALLY GRANTED**.



D. Ralston, M.D.  
Chief Medical Executive  
California Men's Colony

11/30/2012  
Date

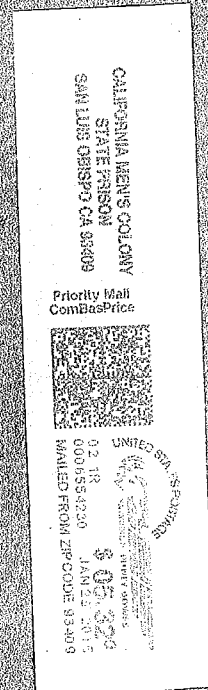


Ted Fox, CEO  
Chief Executive Officer  
California Men's Colony

12/3/12  
Date



CALIFORNIA MEN'S COLONY STATE PRISON  
P.O. BOX 810  
SAN LUIS OBISPO, CA 93408-1101  
Name: **JAMES LYNCH**  
COC: **AK8066** CELL: **E-5-37** LOWER  
STATE PRISON  
GENERATED MAIL



LEGAL MAIL

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA  
312 NORTH SPRING STREET, ROOM 5-B  
LOS ANGELES, CALIFORNIA 90012  
ATTENT: PRO SE CLERK



